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ABSTRACT

Prevention research and demonstration studies are finding that coordinated prevention efforts that offer multiple strategies, provide several points of access, and coordinate and expand community opportunities are a most promising approach to preventing alcohol and other drug problems. To meet the need for direction, the Office for Substance Abuse Prevention initiated a project for developing a Community Prevention System Framework. This framework is based on the results of that survey plus recommendations from a broad cross section of community members. It also encompasses what is being learned from prevention theory, research, and program development related to at-risk populations. This framework offers direction for communities beginning to develop a prevention system as well as affirmation, encouragement, and new ideas for those communities already engaged in the process of system development. These topics are included in the framework: (1) initiating a community-wide prevention effort; (2) providing leadership; (3) maintaining the momentum; (4) implementing activities; (5) building resources; (6) assessing the impact of prevention efforts; (7) developing partnerships through cooperation, coordination, and collaboration; and (9) using the framework in multiethnic communities. (ABL)

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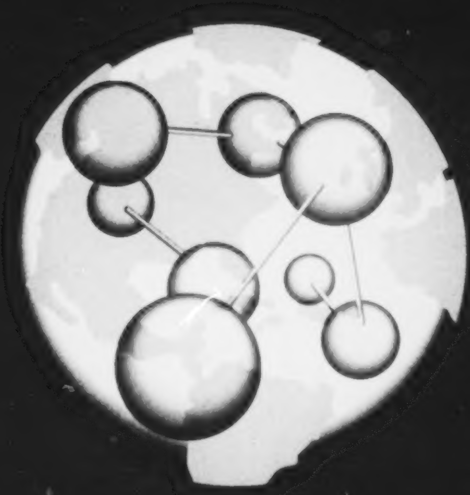

# FUTURE

## A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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# THE FUTURE *by design*

## A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Office for Substance Abuse Prevention
5600 Fishers Lane, Rockwall II
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# THE FUTURE BY DESIGN:
## A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach

This publication was prepared by the Division of Community Prevention and Training (DCPT), Office for Substance Abuse Prevention (OSAP), under the guidance of the Division's Acting Director, Darlind J. Davis. David Robbins served as the OSAP Project Officer for the development of this material. The book was published by OSAP's Division of Communication Programs (DCP).

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# Foreword

Dear Colleague,

It is with great pleasure that the Office for Substance Abuse Prevention (OSAP) offers you this Community Prevention System Framework for Alcohol and Other Drug Prevention.

From its inception in the spring of 1989, this project has involved a large and diverse number of community members from throughout the United States. This framework is for the community but, more important, it comes from the community. Therein lies its strength.

By creating alcohol and other drug community prevention systems that are successful in reducing risk factors and enhancing protective factors, we will be building communities that support and reinforce healthy human growth and development. OSAP offers this framework as a guide to reach that goal.

To supplement this manual, OSAP has included *Ideas for Action: Community Prevention at Work*, a new publication by the New Futures Foundation funded by a grant from the J.M. Foundation. Our thanks to Bobbi Harada and Joseph Dolan for their cooperation in the inclusion of this idea book.

We urge you to use this framework creatively and trust that, through patience and perseverance, you will know what fits best in your community and have the activities to accompany the conceptual work as well.

Sincerely,

*Elaine M. Johnson, Ph.D.*
*Director*
*Office for Substance Abuse Prevention*

# Abstract

Prevention research and demonstration studies are finding that coordinated prevention efforts that offer multiple strategies, provide several points of access, and coordinate and expand community opportunities are a most promising approach to preventing alcohol and other drug problems. Throughout the 1980s, more and more communities began to develop prevention systems. By trial and error, by following heart and instinct, they have moved forward, but often alone and without direction.

To meet this need for direction, the Office for Substance Abuse Prevention (OSAP) initiated a project for developing a Community Prevention System Framework. During the summer of 1989, OSAP surveyed 26 communities throughout the United States that were identified as having a prevention system in place. These communities represented a microcosm of the Nation.

This framework is based on the results of that survey plus recommendations from a broad cross section of community members. It also encompasses what we are learning from prevention theory, research, and program development related to at-risk populations. The framework offers direction for communities beginning to develop a prevention system as well as affirmation, encouragement, and new ideas for those communities already engaged in the process of system development.

The topics included in the framework are as follows:

- Initiating a communitywide prevention effort
- Leadership
- Maintaining the momentum
- Activities
- Building resources
- Assessment: knowing the impact of prevention efforts
- Partnerships through cooperation, coordination, and collaboration

The purpose of the framework is to state clearly and succinctly the parameters to guide a community in developing an effective prevention system.

# Preface

*Upon this gifted age, in its dark hour,*
*Falls from the sky a meteoric shower*
*Of facts . . . they lie unquestioned, uncombined.*
*Wisdom enough to leech us of our ill*
*Is daily spun; but there exists no loom*
*To weave it into fabric . . .*
*—Edna St. Vincent Millay*

Over the past decade, research and evaluation findings and the experience of prevention practitioners have indicated the need for and potential of comprehensive communitywide prevention efforts that involve multiple levels, sectors, populations, organizations, and strategies. The fabric of a drug-free society is woven on the looms of community empowerment and the development of community prevention systems. Although data are limited that confirm the effectiveness of communitywide efforts in achieving measurable reduction in the level, type, frequency, and extent of alcohol and other drug (AOD) problem indicators, preliminary findings have been quite promising.

We are entering a gifted age; we know much more today than we did when we entered the 1980s. We now know that there are specific risk factors and protective or resiliency factors that must be addressed to reduce the likelihood of a given individual's or population's experiencing AOD problems. These risk and protective factors encompass the individual, the environment, and the drug itself. We also know that risk factors tend to cluster and have multiplier effects—the presence of more risk factors tremendously escalates the likelihood of AOD problems. Finally, we know that, because risk factors are present in a number of different arenas, our prevention strategies must address many sectors (different target audiences, cultures, ethnicities, and levels) within the community. The strength of the fabric of drug-free communities is predicated on the interconnections of the individual threads or systems of all sectors in a community.

We possess a wealth of "facts" that, when appropriately collected, analyzed, and combined, will provide us with "wisdom enough to leech us of our ill." The framework represents the sum of our knowledge about the key elements and processes necessary to design, implement, and sustain effective community prevention systems. The framework allows us to "remember" the processes that were used in designing, implementing, and sustaining effective community systems—what worked.

The OSAP community survey summary provides us with an outline or simulation of the experiences of communities that, collectively, have approximately 120 years of experience implementing community prevention systems. These data can serve as a pattern to develop or enhance your own system. It is our hope that the framework will provide the "loom" to allow you to weave these facts into the very fabric of your community. By creating community prevention systems that successfully reduce risk factors and enhance protective factors, each of us will be supporting and reinforcing healthy human growth and development.

The framework addresses all aspects of the community; it is most effective when all elements are activated, creating a network of individuals, agencies, organizations, and systems. The exact nature of the interrelationships and configurations among the components of the framework will vary according to the stage of development, needs, values, goals, and resources of the individual communities. Taken together, the elements of the framework allow communities to weave past and present knowledge and experience to develop effective community prevention systems. In creating drug-free communities, we can use the same basic threads (systems) on the same loom (framework), but different communities will weave different patterns and textures, based on their own norms, values, resources, and needs; different colors, reflecting the rainbow of ethnicities and cultures within the community; and different sizes. We must be creative and trust that through faith and perseverance we will know what will fit best in our home community.

# Introduction

Although it is important for each community to use the framework and weave its own unique tapestry, three major themes (or threads) are woven throughout the framework; they serve as the foundation upon which this framework is based:

- Community empowerment, "doing with" and not "doing for," shifting responsibility for planning and decisionmaking from agencies and professionals to the community
- Inclusion of all community groups, both formal and informal, in all prevention efforts
- Cultural competency, the lifelong process of incorporating, valuing, and celebrating the ethnic and cultural diversity of the community

For community groups to act in ways that meaningfully reflect these themes, each person must be willing to adopt a new way of looking at community prevention. Implementing this framework requires a paradigm shift, a change in the way we go about the work of prevention. A paradigm is a model or way of looking at the world that governs or significantly influences how we choose to behave. In the past we have developed prevention programs and activities based on an agency-directed service delivery model in which agencies and professionals provide services primarily in response to the needs of individuals. This model sees the client as an individual and sees its role as assessing the needs of the client and developing appropriate services to meet the need.

This paradigm is effective for health problems or needs with a specific cause, which can be easily isolated and resolved through a prescribed treatment protocol. The complexity of alcohol and other drug (AOD) problems does not fit this paradigm. AOD problems have multiple interrelated causes, resulting from the interaction of the individual, the drug, and the environment. The problems affect all levels of the community and many systems within the community—they affect us all. The community problem-solving process includes all affected systems, agencies, organizations, ethnicities, cultures, and individuals.

This new paradigm no longer considers agencies and professionals solely responsible for solving the community's AOD problems. Instead, that responsibility lies with the community itself. In this context, agencies and organizations work to facilitate the community's acquisition and effective use of the knowledge, skills, and resources necessary to respond to the needs and problems as expressed and defined by the community. The community becomes the expert, and professionals and agencies work with the community to develop a community prevention system that reaches out to and involves all affected groups and ethnicities at all levels of programming and decisionmaking. The necessity of community empowerment, inclusion, and cultural competency is reiterated throughout the framework document. Additionally, there is the special chapter "Using the Framework in Multiethnic Communities," including four sections that address some ethnic-specific issues and recommendations for work with African-American, American Indian, Asian/Pacific Island American, and Hispanic and Latino communities.

The new paradigm requires inclusion at every level and at each step of the process; it requires establishing coalitions, partnerships, and collaborative efforts. Ethnic and cultural diversity is valued and cultural competency is required of all participating members of the community prevention system. The framework requires that we shift our paradigm from a service delivery model to a community empowerment model. This paradigm will provide the means for communities to develop community prevention systems that are owned by and responsive to the needs of the community.

**Community empowerment system:
A contrast in paradigms**

| Delivery of Services | Empowerment of Community |
|---|---|
| Professionals are responsible (doing for the community). | Responsibility is shared (doing with the community). |
| Power is vested in agencies. | Power resides with the community. |
| Professionals are seen as experts. | The community is the expert. |
| Planning and services are responsive to each agency's mission. | Services and activities are planned and implemented on the basis of community needs and priorities. |
| Planning and service delivery are fragmented. | Planning and service delivery are interdependent and integrated. |
| Leadership is external and based on authority, position, and title. | Leadership is from within the community, based on ability to develop a shared vision, maintain a broad base of support, and manage community problem solving. |
| Ethnic and cultural differences are denied. | Ethnic diversity and special populations are valued. |
| External linkages are limited to networking and coordination. | Cooperation and collaboration are emphasized. |
| The decisionmaking process is closed. | Decisionmaking is inclusive. |
| Accountability is to the agency. | Accountability is to the community. |
| The primary purpose of evaluation is to determine funding. | Evaluation is used to check program development and decisionmaking. |
| Funding is categorical. | Funding is based on critical health issues. |
| Community participation is limited to providing input and feedback. | Community is maximally involved at all levels. |

# Chapter 1: Overview

THE FUTURE by design

Prevention research and demonstration studies are finding that the most promising approach to preventing alcohol and other drug (AOD) problems is coordinated prevention efforts that offer multiple strategies, provide multiple points of access, and coordinate and expand citizen participation in community activity. Many communities are attempting to work in more collaborative ways; however, "There is currently little known with respect to systematic, standardized, and comparable empirical information about the large number of community prevention efforts that are currently underway" (see app. C). The Office for Substance Abuse Prevention (OSAP) is excited about the direction that prevention efforts are taking but is also aware that communities need much more information. In an effort to assist communities, OSAP offers these guidelines for an effective prevention system that any community can implement. The guiding principle behind this framework is the premise that no *one* system, agency, or organization can prevent AOD problems in communities. This effort builds on a series of OSAP initiatives over the past two years, including technical assistance and training for communities and States as well as the development of prevention programs involving all segments of the community.

During the summer of 1989, OSAP conducted a national survey of 26 communities, selected because they had in place an effective multilevel and multidisciplinary AOD community prevention system. The communities represented a cross section of community types, ethnic composition, regional distribution, size, types of organizations involved, and focus of prevention efforts. The study methodology utilized 1½-hour telephone interviews of three to five members of the selected communities representing different sectors of each community's prevention system. Interviews were followed by two-day site visits to six of the communities to conduct case studies. (For a more detailed description of the methodology and a summary of the findings, see app. A.)

On September 19-21, 1989, OSAP held a Community Prevention System Development Colloquium. As many as eight members from each of fifteen of the study communities were invited to attend. These participants represented different sectors of each community. Also invited were representatives from selected national organizations involved in community prevention efforts, members of the project's Expert Panel, international representatives, and selected Federal Government officials. During the colloquium, participants were presented with the preliminary findings of the study and engaged in a series of small group working sessions. Sessions covered the attributes and components identified by the survey as key to the development and operation of an effective community prevention system. The working sessions discussed the implications of the findings and developed a set of recommendations for implementing the key elements at the community level. The recommendations from each working group and each session were synthesized. Through consensus, recommendations for a draft framework document were formulated. The framework was disseminated in the spring of 1990 through a series of workshops held throughout the United States. Although the basic information has remained the same, refinements and additions to the document have been made as a result of continued learning about effective community prevention system development.

## PURPOSE

The purpose of this framework is to clearly identify the parameters to help any community develop an effective prevention system. The framework is not intended to present a set of how-to's for communities; rather, it is designed to function like a loom, providing the structure to weave together the elements necessary for the successful implementation of a community prevention system.

It is important to emphasize that for this framework to be useful to communities, it must be clear. Clarity is power, and we have taken great care to avoid the use of jargon wherever possible and to present as clearly and logically as possible a document that will be relevant and adaptable for any community.

The framework provides guidance regardless of community type, ethnic composition, regional distribution, size, type of organizations involved, or focus of prevention efforts. It provides guidance for communities that are just beginning, as well as affirmation, enhancement, and possibly new directions for those in later stages of prevention system development. This framework is intended for all.

## PHILOSOPHICAL ASSUMPTIONS

The framework is based on the following philosophical assumptions:

- To be successful, prevention efforts must address the three factors defined in the public health model of prevention. Prevention efforts must be directed toward potential and active users (the host); toward the sources, supplies, and availability of the drugs (the agent); and toward the social climate that encourages, supports, reinforces, or sustains the problematic use of alcohol and other drugs (the environment).

- To be successful, prevention programs must reach 100 percent of the people. A community prevention system ideally involves, works with, and addresses all of the multiple populations, sectors, and systems within the community.

- Prevention programs and activities must be ethnically and culturally appropriate.

- Prevention is a moral and ethical imperative.

- An effective community prevention system demands mutual respect and equality among all groups, acknowledgment of interrelatedness, a sense of daring, and a willingness to transcend turf for positive social change.

Credit for success must be shared, and the community must be seen as the expert.

- The community is the best vehicle through which to develop and implement comprehensive prevention efforts.

## STRUCTURE

Through the survey of communities and through the literature review that was conducted in conjunction with this project, the following topic areas emerged as important in all communities:

- Initiating a communitywide prevention effort
- Providing leadership
- Maintaining the momentum
- Implementing activities
- Building resources for survival
- Assessing the impact of prevention efforts
- Developing partnerships through cooperation, coordination, and collaboration

These topics were used as the focus of discussion at the colloquium and served as the core around which the recommendations for the framework were developed. The remainder of this document addresses these seven topic areas.

In an effort to provide the most useful document possible, this framework encompasses the colloquium recommendations, the community survey findings, and the latest information on the etiology of AOD use in at-risk populations. The factors that contribute to resiliency among populations at high risk are also considered. The survey findings and recommendations are found throughout the document. Although consideration of the risk and resiliency factors is critical at every development stage of a prevention system, the bulk of the information on this topic is found in the section "Implementing Activities."

# Chapter 2:
# Initiating a Communitywide Prevention Effort

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> Communitywide prevention often begins with an idea in someone's head. . . . [The] idea could be provoked by a newspaper article discussing the alarming use of drugs among school-age children, a television special reporting about babies born addicted to cocaine because of maternal use, the death of a local teen in an automobile crash related to driving while under the influence, or [any of one or several] focal events. Whatever the impetus for action, planning becomes crucial for converting individual commitment to collective effort. [See app C.]

The survey results confirm the preceding quote. Communities reported that the following key events and issues contributed to initiating a communitywide prevention effort:

- Involvement of a charismatic individual
- Pressure from within the community
- A watershed event (e.g., death of a teen who had been driving under the influence of alcohol or other drugs)

The recommendations concerning the initiation of a communitywide prevention effort centered on the following points:

- Inclusion of all groups in initial steps
- Coalition building
- Community assessment
- Planning
- Increasing community awareness

These key elements are discussed in this section.

## INCLUSION

Involvement of key leaders from all segments of the community is essential in every phase of a community prevention system effort. It is essential to involve the formal leadership within a community, such as elected officials, appointed leaders, agency heads, and ministers. It is just as essential to involve informal neighborhood leaders—those people who influence others by their words and actions. When in doubt about who these people might be, ask. The names will surface. The importance of including and representing all groups cannot be overemphasized. Each community must identify and actively seek to involve all the specific groups that represent the various agencies, organizations, and ethnic groups. Groups mentioned by colloquium participants include youths and elders, religious organizations, government agencies, schools, media, parents, businesses, law enforcement personnel, and human services organizations.

Participation of the school system was important in 25 of the 26 communities surveyed. Government officials were noted as important in 21 communities, the justice system in 18, civic groups in 17, parents in 16, youth in 16, public agencies in 16, and business in 14. These numbers reflect what is, not what should be. The list may not cover all groups in your community, but the message is clear. Actively work and plan to involve 100 percent of the groups in the community. Take care to reach out, welcome, and involve. Inclusion ensures that plans and activities are culturally and ethnically sensitive. It also ensures that the total community has ownership of the activities planned and implemented by the group.

Several questions have arisen about inclusion:

- What happens if not all groups are included in the initial planning?
- Can the group bring others on board as the initial group realizes that some may not have been included?
- Must everyone work on the same projects?

Inclusion is an ongoing process. Rarely are all groups included in the initial planning, and any time is the right time to reach out to new groups. It is not necessary for every person to work on every project. One of the beauties of a community coalition is that each person or group brings different skills, interests, and perspectives to the shared vision. What is necessary, however, is that each person or group be informed, feel included, and have a sense of ownership of all projects.

## COALITION BUILDING

It is recommended that a steering committee be formed to facilitate community involvement. This group should be representative of all segments of the community and must see its role as empowering and facilitating rather than controlling or directing. For members of a diverse group to work well together, they must devote time to team building. An experienced facilitator from outside the group can help the members examine their own attitudes and behavior regarding the use of alcohol and other drugs and clarify their personal philosophies of prevention. Three-fourths of the communities surveyed relied on a mix of organizations to develop a prevention plan; however, 42.3 percent of the communities reported resistance to involvement because of turf and control issues.

It clearly takes more than just a decision to work together to build a successful coalition. Time must be spent working to a point of agreement on what the coalition ground rules will be (norm setting). Building trust also takes time. This process can often be speeded up through retreats, at which the group can focus on identifying methods of decision making and conflict resolution. Although lack of time is often given as an excuse for skipping the group development work, the experience and recommendations of community members suggest that time spent in this manner will greatly enhance the planning process.

## COMMUNITY ASSESSMENT

The next step recommended in the process is to provide opportunities for all community segments to participate by exchanging ideas and setting priorities. As a parallel process, it is recommended that a needs assessment be conducted. The needs assessment can determine the general community's understanding of the issue, identify and prioritize specific problems, identify current activities, identify resources and gaps in resources, and gather the data necessary for future development and planning. This assessment can provide baseline data and should serve as the initial phase of an ongoing evaluation.

Sample assessment instruments can be found through State AOD agencies, the National Clearinghouse for Alcohol and Drug Information (NCADI, 1-800-SAY NO TO), or through other sources such as communities themselves.

It is also important to base planning on a conceptual framework representing the current knowledge in the prevention field and to include research focused on different ethnicities and cultures, with emphasis on work by ethnic researchers. The latest information on research is also available through the single State agencies, the Regional Alcohol and Drug Awareness Resource (RADAR) Network (the regional communications network of OSAP), and NCADI.

Together, the community needs assessment and review of the research will provide the data needed for effective planning.

## PLANNING

There is a saying that no one plans to fail, but too often, they fail to plan. The successful communities surveyed support and emphasize the importance of planning; 22 of the 26 communities engaged in formal planning at the initial stage. Of these, 19 planning groups wrote formal goals and objectives early in the project.

The steps in planning are as follows:

- Developing a shared vision (This includes a philosophy statement. A mission statement is then developed as a way to realize the vision.)
- Accurately defining where you are now
- Defining and developing steps to get from where you are to where you want to be, i.e., the vision (These will be long- and short-term goals with measurable objectives.)
- Determining first actions
- Evaluating, modifying, improving, and adding to the original plan

Creating a shared vision and a common framework for action that can harness all energies and focus them toward common goals is an important step in moving a community beyond fragmentation toward an effective, coordinated prevention system.

## COMMUNITY AWARENESS

It is true that the success of a community prevention system requires the inclusion of representatives of all groups in the planning and coalition development. However, it is also true that the entire community must feel a real ownership of the AOD problems and of the solutions. It is important to provide an opportunity for members of the community at large to engage in some processes to clearly identify a policy on use, nonuse, and abuse of alcohol and other drugs. These processes might include education, training, and other structured opportunities.

Once the policy has been identified, it is essential to develop and implement an awareness campaign that includes various media—newspapers, radio, billboards, television, and so on. It is necessary to use multiple media strategies to reach all segments of the community. At this juncture it is important to repeat the recommendation to remain sensitive to cultural, ethnic, economic, and educational diversity and to the needs of special populations. Each person learns and takes in information in different ways. This diversity must be reflected in our awareness campaigns, education and training events, and other prevention activities.

One final reminder is needed regarding community awareness. The community members on a coalition agree upon and support a shared vision for the community because they have been involved in a process. As this vision is shared with the community at large, people must also be provided with the opportunity to discuss, respond to, and internalize the information, plan, or vision. An opportunity must be provided to move the community from awareness to ownership. The social marketing guide "Making Health Communication Programs Work" is available through NCADI and should be a helpful guide in developing community awareness plans.

# Chapter 3:
# Providing Leadership

Although the issues regarding leadership are ongoing, they are integral to the planning phase of prevention system development. "We suggest that the idea of leadership itself shapes the processes by which a society does its work" (Heifetz and Snider 1987, p. 179). Earlier in this framework, we mentioned a shift in thinking that was necessary to implement an effective community prevention system. A similar shift is also required as we examine the issues of leadership (Table 1). Bennis and Nanus (1985, p. 20) summarized the conventional thinking on leadership in this way: "Leadership is what gives an organization its vision into reality." In contrast, today's issues demand that leadership be viewed as the task of turning the work of the community back to the community. "Leadership mobilizes groups to do work. Often this demands innovation in defining problems, generating solutions, and, perhaps foremost, locating responsibility for defining and solving problems" (Heifetz and Snider 1987, p. 196). It is important to consider the possibility of shared or rotating leadership, and to recognize and utilize both formal and informal leadership.

Leadership should be from the community at large and should be representative of the cultural and ethnic diversity of the community. One way to honor community diversity is to encourage and nurture shared leadership. This strategy allows leadership to build on the strengths and resources of the members of the group by identifying the styles and types of leadership needed for specific tasks and delegating leadership activities according to individual talents. Shared leadership, supported by ongoing training, enhances the development of fresh leadership and builds on the potential of emerging leadership.

It is also important to acknowledge existing political leadership in the community. The political leadership should be engaged as an ally, tapped for support, and channeled so that it adds to the group. In many communities, the initial leadership of the prevention effort has been provided by persons in elected or appointed positions.

Communities must be open to new ways of viewing leadership and must allow for the possibility of multiple leaders for multiple situations, while also planning a strategy for rotating leadership. These combined strategies support the recognition and utilization of both formal and informal leadership. This will increase the sense of ownership in the prevention plan and increase the potential for program success.

**Table 1. Alternative approach to leadership of public problem solving**

| Conventional Wisdom | Alternative |
|---|---|
| Leader has own agenda or vision. | Leader facilitates move from current state of affairs (as assessed/defined by the group) to one that is better (as envisioned by the group). |
| Leader establishes identity by taking stand(s) and solicits support of people for stand(s). | Leader sees a stand as a tool for engaging the people in doing work. |
| Mark of success is shown by carrying out stand; means of success is demonstrated by skillful interaction with people. | Leader facilitates sorting out values and points of view on complex issues. |
| Process involves responding to traditional idea of leader and providing solutions, security, and meaning. | Process involves mobilization of a group's resources to do work.* (Face, define, and resolve its problems.) |
| Repeated success of leader increases dependency on leader and weakens constituents' ability to face, define, and solve problems. | Actions serve as catalysts of work, rather than solutions to problems. |
| Leader is successful in situations where the problem and solution (technical fix) are easily defined and available (e.g., infection—antibiotic). Leader does all the work. | When a problem is not well defined and the solution is unclear, the group (relevant community of interest) must do the work of defining and solving. |
| Leader accepts people's expectation (conventional wisdom) that the leader can fix things for them. | Leader goes against this expectation. Adjustments in people's attitudes are necessary. |
| Leadership as a position is exercised by person in authority. | Leadership is a function or activity that can be exercised at once by several people in various positions of authority. |

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*This process includes engaging organizations, etc., in facing unwanted situations; assessing current situations; challenging assumptions regarding the situation; investigating what can be changed and what cannot; provoking discovery of alternative problem definitions; managing the group in learning the different points of view embodied by opposing interests; and managing the process of devising solutions, making adjustments, and redefining problems as the situation changes and as constituents reorder their priorities along the way.

Source: Ronald A. Heifetz and Riley M. Snider.

# Chapter 4:
# Maintaining the Momentum

THE FUTURE by design

Alcohol and other drug (AOD) problems in communities did not appear overnight; they evolved over years, and solutions will not come about quickly. Prevention systems must be an ongoing, lasting part of communities. To develop an effort that is lasting, attention must be given to maintaining the energy and momentum of the people involved and maintaining the momentum of the system itself. Some of the issues discussed in this section are communication, ongoing recruitment, organizational structure, ongoing planning, personal care, training and technical assistance, additional strategies, and problem areas.

## COMMUNICATION

Of the 26 communities surveyed, 11 reported a high level of overall success and also reported moderate success in maintaining the commitment and enthusiasm of participants. Many different techniques are involved in maintaining the momentum of a community prevention system after the initial phase; the following ones were most frequently reported:

- Holding regular coalition meetings (26)
- Providing training and education (20)
- Generating community support (18)
- Holding communitywide meetings and conferences (17)
- Holding retreats (17)
- Sponsoring activities (16)

Regular communication—that is a result of meetings, newsletters, and other planned activities—yields a variety of positive results. Twenty-five communities report that regular communication keeps members current, 18 communities said it provides a means of organization, and 15 communities noted that staying in touch builds a sense of teamwork.

## ONGOING RECRUITMENT

To maintain the momentum of enthusiasm, fresh ideas, and energy, it is necessary to continue to recruit new groups and individuals. It is important to assess which groups have been underrepresented or are missing from the effort. Helping each group or community member relate to prevention as a personal issue is an effective recruitment tool. Recruitment strategies tailored for specific groups might be necessary for the recruitment and participation of hard-to-reach groups. The long-term benefits outweigh any amount of effort required for inclusive recruitment. Successful coalitions develop support systems that provide ownership of the solutions and collaborative efforts of people and programs. It is recommended that communities develop a leadership and membership plan that includes continuing education, training, recruitment, and rotation of leadership.

## ORGANIZATIONAL PROCESS ISSUES

The system should provide for the organizational needs of the effort by:

- Providing a conflict resolution mechanism to resolve turf struggles, other power struggles, and communication issues
- Clearly defining roles and responsibilities
- Outlining the process for defining problems and making people aware of the process

## ONGOING PLANNING

The ongoing planning process should rearticulate and clarify the vision while setting goals that can be achieved within a realistic timeframe. Evaluation of the process and the intended and unintended impacts of each goal is essential. As activities and programs are implemented, it is also important to ensure that services are acceptable and appropriate to all sectors of the community. These services and programs must be made accessible to people by providing child care, facilities for persons with disabilities, and multilingual support.

## PERSONAL CARE

The personal (or process) side of the effort is a very important component in maintaining momentum. The system must provide sources of satisfaction and minimize sources of dissatisfaction for all persons involved. It is critical to develop a sense of belonging within each person. People need to have fun and to feel they are making a contribution to the whole. It is important also to remember to model good prevention by giving people time to slow down and take care of personal priorities. Burnout can and must be avoided by giving attention to each other and to oneself.

## TRAINING AND TECHNICAL ASSISTANCE

Training and technical assistance have been utilized by many of the communities surveyed to help maintain the momentum of the prevention system. Training has been conducted by 25 of the 26 communities; 20 of these reported moderate to much success with the training. The major types of training are

- Prevention education for school staff (15)

- Basic education on AOD use for the general public (13)
- Prevention education for parents (13)
- Prevention education for teens (13)

Often the training and professional expertise needed for technical assistance can be found within the community. However, 20 communities reported bringing in other technical assistance to support their efforts; 18 communities used professionals from outside to provide training for task force or coalition members and effort initiators; and 14 communities reported using motivational speakers for broader community awareness efforts.

Training and technical assistance support are available to communities through numerous State, regional, and Federal (OSAP, Department of Education) sources. Information may be obtained through The Circle, Inc. (703-556-0212).

## ADDITIONAL STRATEGIES

Some final recommendations for maintaining momentum include the following:

- Keep the public informed: publicize results and successes, but avoid exaggeration.
- Anticipate the future political climate, because it may affect the community prevention system.
- Celebrate successes and plan some type of major annual event.
- Acknowledge participation of key individuals, resources, and target audiences and systems.
- Ensure adequate resources through a variety of funding sources. (Resources will be discussed in a later section.)
- Be open to feedback and willing to modify strategies and activities.
- Continue assessment, evaluation, and feedback concerning program needs and leadership. Additional information on this topic is provided in the section "Assessing the Impact of Prevention Efforts."

## PROBLEM AREAS

Of the 26 communities surveyed, 21 acknowledged notable failures. Inability to mobilize outside groups (50 percent), lack of knowledge about how to proceed (35.6 percent), lack of funding (34.6 percent), and lack of organization and poor communication (30.8 percent) were listed among the principal causes of failure.

The three biggest problems were lack of participation by specific community segments (15 communities), widespread support for the status quo (12), and widespread belief in the community that there is no problem (11).

The encouraging word is that 20 communities also reported that, by persisting and maintaining the momentum, the problems had been at least reduced.

Community prevention systems can and do make a difference.

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# Chapter 5:
# Implementing Activities

THE FUTURE *by design*

## WITHIN A SYSTEM

Each segment of a community can list any number of activities ~~which~~ that segment can or does sponsor. For purposes of this framework, these specific activities will not be considered. Instead, we will focus on the types of activities that may be appropriate in support of a communitywide effort.

Many communities have numerous prevention activities taking place. With the increased national interest in alcohol and other drug (AOD) problems, there has followed increased funding from government and private sources to address the issues. The funding is necessary and a valued resource. However, in too many current efforts, the activities focus on one specific piece of the puzzle without any means of linking activities to address the problems in a more integrative, holistic, systems approach.

When there is a shared community vision, namely a goal for the community that is shared by all segments of the community, activities should be identified and implemented that support this vision. A community planning process that assesses need, identifies ongoing activities, and supports collaboration of resources to fill the gaps in the prevention system will generate activities that are most effectively carried out by the various segments of the community. It is critical that prior to beginning any activity, a community group should study the findings of prevention research so that the activity chosen will have the greatest potential for success.

A review of the literature suggests that "prevention activities should not be limited to those that focus solely on substance abuse. Gibbs (1986), in her review of current research and effective state-of-the-art strategies, found that programs which failed 'isolated the problems of drugs from other antisocial behavior problems' (p. 3). Benard (1986) concurs by noting that effective prevention programs are 'part of a broader, generic prevention effort focused on health and success promotion' (p. 2). Therefore, planners which include activities for potential drop-outs or provide familial social skills training are not outside the realm of effective substance abuse prevention" (Kerst and Springer 1989).

The literature review, "Addressing Abuse of Alcohol and Other Drugs: Community Wide Prevention Planning and Implementation" (Kerst and Springer 1989), addresses six general strategies under which the majority of prevention activities implemented in community settings may be subsumed. These are

- Information

- Development of life skills
- Creation of alternatives
- Influencing of policy
- Cultural promotion
- Crisis prevention

The activities that might be undertaken within each of these categories are as varied as the communities themselves. It is important to reiterate, however, that the key to successful implementation of activities within an effective prevention system is in addressing the way each activity contributes to and supports the total vision, as well as the way the activity targets specific risk and/or resiliency factors.

Prevention and prevention activities cannot exist in isolation. Prevention is a part of a continuum of alcohol and other drug use services that also includes intervention, treatment, and recovery. The more that people in prevention understand the rest of the continuum, the more they will be able to design the most appropriate strategies to meet the needs of the community. Now is the time to move beyond fragmentation and isolated activity.

## GUIDES FOR CHOOSING PREVENTION ACTIVITIES

### RISK FACTORS

The recent literature on risk factors encountered by youth from high-risk environments, their families, and their communities should serve as a guide as activities and strategies are planned and implemented. Alcohol and other drug use is generally not caused by a single factor, and a single strategy will not solve the problem. AOD use is more likely a function of a number of risk factors within the school, family, peer group, and community. Studies have identified a wide range of factors that heighten the risk of AOD use (Kandal 1982, Cooper 1983, Hawkins et al. 1985, Polich et al. 1984, Perry and Murray 1985, Newcomb 1988). The greater the number of risk factors, the greater the likelihood of problems. Some of these factors are poor school climate, ready availability of drugs, unclear school policies and guidelines, unclear community norms, low expectations for certain groups, use of alcohol or other drugs by parents, poor socialization skills, lack of employment opportunities, neighborhood disorganization, lack of meaningful youth involvement, and abundance of alcoholic beverage outlets. The list could go on and on.

### RESILIENCY FACTORS

On the other side of the coin, studies have identified factors that protect young people from AOD problems (Perry and Murray 1985, Hawkins et al. 1985, Robins and Przybeck 1985, Kumpfer 1987, Werner 1987). Individual resilience within high-risk categories is not well understood, but it has been suggested that constitutional, personality, and environmental factors contribute to resiliency among children in high-risk environments (Werner 1987).

Some of the resiliency factors identified by Werner (1987) include positive early childhood interactions; available emotional support and counsel through extended family or neighbors, school, or church; access to special services; and close friends. "Although they suffer from constitutional deficits that predispose other children to delinquency, the resilient children have access to natural, caring support systems within their nuclear family or, alternatively, when faced with instability within their immediate family, within the extended family, among peers, or among trusted community members such as ministers or teachers" (Goplerud 1989).

## DEVELOPMENTAL STAGES

In addition to using the latest information on risk and resiliency factors when identifying prevention system activities, it is also important to consider which risks are associated with specific developmental age groups. Strategies should be tailored to capacities and risk factors within these developmental age groups: 3-5 years, 6-11 years, 12-14 years, 15-18 years, and 19 or more years. Antisocial behavior can be identified as early as kindergarten (Spivak 1983). By the late elementary grades, youngsters at highest risk will be made still more visible by evidence of school failure (Steinberg 1991). By adolescence, there may be low commitment to school, academic failure (Brooks et al. 1977), possible delinquent and alcohol- and drug-using friends (Kandel 1985), alienation from society, and eventual withdrawal from school.

## LESSONS FROM PREVENTION PROGRAMS

Goplerud (1989) summarized the major lessons that have been learned from successful AOD use prevention programs. These findings are outlined in the following section. Perhaps as important, several lessons have been reported (Goplerud 1989) about unsuccessful prevention programs.

### Lessons From Successful Prevention Programs

- *Put first things first—prevention may not be your client's top priority.* Social and emotional support and concrete help (e.g., food, housing, physical safety, stable income, employment) must be provided before an individual, a family, or a neighborhood can hear a prevention or health promotion message. Effective prevention programs often reside or collaborate with services addressing these primary needs. Staff and programs working with youth and families in high-risk environments redefine their roles to respond flexibly to severe, but often unarticulated, needs of their clients.

- *High-risk, hard-to-reach people will not flock to your program just because you open your doors.* Programs that cannot reach their target populations will not be successful. Successful demonstration program services are generally located in settings that are convenient and accessible, preferably in a setting already used by target group members (e.g., health clinics, schools, boys and girls clubs). Access to culturally acceptable sites is a crucial early step for every successful program.

- *There is a comprehensive array of services.* The problems faced by youth at high risk are interrelated. No single categorical program is likely to be successful. Effective prevention and early intervention programs regularly cross traditional professional and bureaucratic boundaries: human misery is generally the result of, or accompanied by, a great untidy basketful of needs.

- *Access to services is easy and direct.* Programs reduce barriers—money, time, fragmentation, and geographic or psychological remoteness—that make heavy demands on those with limited energy and organizational skills. Services accommodate human needs, not categorical program restrictions. Staff and program structures are fundamentally flexible.

- *Staff must know their clients.* Individuals or families who move from one program service to another do not have to form new relationships with the program. Continuity does not necessarily have to be provided by a single individual, but often it is maintained by a small, committed team.

- *Resources must be concentrated; an anemic program is likely to be ineffective.* A major feature of effective prevention and intervention programs is their typical expense both in staff time and community resources. A watered-down program that tries to serve too many sites and reach too many clients is generally unproductive. Effective programs provide intensive, comprehensive, individualized services with aggressive attention to outreach and the maintenance of relationships.

- *Only risk and resiliency factors that can be changed should be targeted.* Not all risk factors can be affected by prevention programs. The impact on one factor (e.g., rebelliousness, negative behaviors) can positively affect AOD use (Perry and Jessor 1985; Kandel 1975; Swisher and Hu 1983).

- *Intervention starts early and is sustained.* The evidence is very promising that Head Start-type programs, especially those concentrated in preschool programs such as the High Scope Project, make a difference in later school adjustment, achievement, and behavior. For youth at high risk, early efforts should be sustained through several years, and supplemented by booster sessions.

- *The focus of programs narrows as youth get older.* Very preliminary evidence suggests that prevention programs serving younger children can be more generic and have broader or additional goals. Prevention programs addressing problems later in childhood (e.g., teenage AOD use) seem to need a more specific focus. It also seems that programs that can address more risk factors for a problem may be more successful. For example, if a program can address risk factors at several environmental levels (e.g., individual, family, and community), its effectiveness may be increased.

- *There are stable, caring adult role models and surrogate parents.* Increasing numbers of children today are deprived of parental attention. Where families cannot provide for children's welfare, other adults have been able to act as advocates, mentors, and guides. These *case managers* give the children the kind of one-on-one attention they require to cope with school, family, and community stress.

- *The extent of parental involvement in child and adolescent programs deserves scrutiny.* Although the involvement of parents is felt to be important, the optimal level of parental involvement has not been established. Programs that combine (1) parent training (especially in communications and limit-setting skills) and (2) skill building among youth are effective in reducing AOD use in youth at high risk. Experience indicates that the involvement of parents of adolescents in meetings at a central location is not generally a workable approach. Programs that work within settings where adolescents congregate (e.g., boys clubs and girls clubs) are more effective.

- *Involvement of the school system is a part of almost every successful program.* The failure of children in school is symptomatic of a failing school system. In many communities, school reform is needed for all the children, not just those at high risk. The record of alternative schools is excellent for helping disadvantaged children stay in school. Their success is attributed to the institutions' small size, structure, individualized care, and committed staff. Another factor is the collocation of services within school facilities. Schools are sites for support service programs run by outside agencies. Examples include school-based clinics, mental health services, afterschool recreation, and parents programs. Schools work out collaborative arrangements with other community social and health agencies to bring in the ancillary services necessary to ensure that children at high risk can stay in school and learn.

- *Effective school-based prevention programs have attributes that may be generalizable to other settings.* All of these programs are explicitly developmental, tailoring their practices to students' current levels of maturity. All stress the importance of *active* involvement of students in their own development and incorporate procedures to provide students with opportunities to exercise autonomy, make their own decisions, and apply the knowledge and skills they have learned to their social interactions. Consistent with this emphasis, the programs view the role of the teacher largely as that of a facilitator for students' development, providing structure, guidance, and support.

  All of the programs consider the acquisition and refinement of academic and social skills and competencies to be important elements of the intervention (although the breadth of skills included and the relative emphasis on particular skills differ from program to program). All recognize the importance of positive social relationships for healthy development, and all explicitly incorporate procedures designed to promote positive peer and adult-child relationships. Effective programs seek to make learning interesting, enjoyable, and responsive to participants. All integrate prevention and health promotion into every aspect of the curriculum, rather than restrict prevention programs to one part of academic life. Teaching social competency—including peer resistance skills, life skills, and vocational training—has been effective in reducing initiation of cigarette smoking and AOD use.

- *Staff are worthy of trust and respect.* Staff are perceived by their clients as people who care about them and respect them, people they can trust. Staff are models of the behaviors of caring, respect, and nonuse of illicit substances. Some programs have implemented employee assistance programs to assist staff with their own AOD problems so that staff provide more appropriate models for the youth and families with whom they work.

- *Success depends on recruiting and training a committed staff.* Professionals who work with disadvantaged children must be sensitive to cultural and language needs. They must have equally high expectations for all children and have a particular commitment to helping children who are at high risk "make it." Many successful programs are operated by charismatic leaders who believe in their missions. Leaders can't be cloned, so training programs must be in place to ensure the replication of successful models.

- *A high level of program structure has been consistently related to program effectiveness.* Structure includes clearly defined instructional objectives tied to overall program goals, meticulous planning of program activities, rigorous training of staff in the methods and content of the program, and strong leadership and supervision of staff.

- *Environmental policy changes can significantly affect prevention program outcomes.* Community, neighborhood, and school policies regarding alcohol and other drug use must be developed and consistently implemented. Laws must be enforced relating to alcohol purchase and use (increased legal drinking age, increased penalties for driving while intoxicated, decreased accessibility [on- and off-site sales] for beer, wine, coolers, and spirits).

### Fallacies (Lessons From Unsuccessful Prevention Programs)

With all the experience about success and failure in providing families and children at high risk with health and social services, education, child care, and family supports, there is no longer any basis for believing the following:

- A one-shot intervention will produce immediate success if the right scheme can be found.

- Whatever works for middle-class people should work for everybody.

- If only someone were smart enough to devise the right incentives, or the right magical something, it could all be done inexpensively—solutions without sacrifice, miracles that change outcomes without cost to the taxpayers.

- Simple educational programs change behaviors. (To the contrary, they may increase the odds that program participants will use illicit substances.)

- Peer counselor programs work very well for everyone. (In reality, such activities have spotty effects, as do teen theater and puppet programs.)

- Parent involvement programs, "Just Say No" clubs, mass media campaigns, and activity programs are effective when provided alone. (Without aggressive outreach and comprehensive prevention-intervention activities, these popular programs generally do not show much effect on high-risk, hard-to-reach youths and families.)

- Alternative programs that engage youth in nondrug recreational activities prevent alcohol and other drug use. (Alternative programs that teach life skills and that include AOD use prevention messages may in fact have a desirable effect on use [Tobler 1986].)

- An effective program can be replicated and diluted at the same time. (There are powerful pressures to dissect a successful program and select one part to be continued in isolation or to replicate a program in a new setting. The most successful practices do not lend themselves to mechanical or even rapid transfer from one setting to another.)

- There are teacher-proof curriculums. (Teacher-proof curriculums are no more possible than community-proof or people-proof programs in any field of human services.)

## CONCLUSION

Program effects may vary among subgroups of students as a function of participants' gender, age, experience with alcohol and other drugs, and school.

Program impact may be inconsistent across outcome measures: it is much easier to increase knowledge than to change attitudes or behaviors. Changes in one area (especially increases in knowledge) do not necessarily have a great impact on other areas (alcohol and other drug attitudes, intentions to use, or actual use).

Carefully studied programs have been found to produce inconsistent effects. Programs have exhibited a negative effect in one domain, such as attitudes, while having a positive impact with regard to alcohol and other drug use or expectations about future drug use. Inconsistent effects have also been found among subgroups within studies; negative effects may be found within one group, while positive effects occur within other groups.

This type of information is invaluable as community prevention systems put their plans into action. An ongoing task for a community coalition is to gather information on risk and resiliency factors, development stages, and lessons being learned. The information should then be shared with everyone involved in implementing prevention activities in the community. This is a time of rapid acceleration in the prevention field. We must be vigilant in our efforts to translate the latest learning into action and activities.

# Chapter 6:
# Building Resources

The prevention system and its programs cannot continue to thrive and expand without adequate human and financial resources. The potential sources are many. The following comments are grouped into three categories: survey results and recommendations concerning funding processes; survey results and recommendations concerning human resources; and some more general recommendations.

## FUNDING

To build and maintain adequate resources, it is recommended that a broad financial base be established so that programs are not dependent on one single source of funding. Possible revenue sources inside and outside the community may include the following:

- Foundations
- Corporations
- Civic or service organizations
- Local, State, and Federal governments
- Legislative and special appropriations
- Taxes
- In-kind contributions (facilities, goods, services)

The communities surveyed reported the following major sources of funding:

- State, county, and local funds (69.2 percent)
- Proceeds from specific fundraising activities (65.4 percent)
- Federal grants (57.5 percent)
- Contributions from local businesses and business organizations (38.5 percent)

The most successful approaches reported were the following:

- Federal grants (42.3 percent)

- Fundraising for specific activities (42.3 percent)
- Funds from State, county, and local alcohol and other drug (AOD) prevention programs (38.5 percent)
- Contributions from local businesses and business organizations (38.5 percent)

The recommendations from communities highlighted that it is important to develop a long-range funding plan. It is also important that the needs assessment, program plan, and funding plan be linked. The funding plan should include strategies to identify, pursue, and involve potential funding sources in the overall prevention system or at least in specific system activities.

Develop an ongoing strategic funding plan with an appropriately trained staff. The plan should identify funding needs, include budget projections, and determine a process for establishing accountability for funds distributed. It is important that the budget reflect the priorities of the system and that any staff members assigned to fiscal tasks be given the training to perform the responsibility successfully. It is possible to get fiscal staff services donated to your prevention system as an in-kind contribution from a business or industry.

Resources available through local business and industry should be maximized and not be overlooked. They should be encouraged to become involved in the community effort. In addition to their interest as community members, it is often useful to point out the impact of AOD problems on local business. This is an added incentive for participating and supporting the system.

## PERSON POWER

Human resources are also essential for the survival of a community prevention system and may be more important than money. Communities must develop a plan to recruit, screen, train, educate, and use staff and volunteers in appropriate projects. Because of the high rate of burnout in the prevention field, a part of the plan must also prepare for turnover problems. Of the 26 communities surveyed, 20 undertake their prevention efforts with a combination of volunteers and paid staff. They have found that the volunteers are especially helpful in mobilizing specific community segments.

Building human resources requires developing a cadre of well-trained key individuals, including representatives from the following areas:

- Law enforcement personnel
- College and university students and faculty
- Volunteers
- Youth
- Senior citizens
- Religious organizations

- VISTA (Volunteers in Service to America) workers
- Elected officials
- Business executives and employees
- Health and mental health personnel
- Parents
- Schools
- Ethnic and racial organizations

Resource development is maximized when inclusive (multicultural and multidisciplinary) community coalitions are developed that include a continuum of services (i.e., prevention, intervention, treatment, and aftercare).

## GENERAL RECOMMENDATIONS

The following recommendations are common to the categories of funds and human resources:

- Carry out awareness campaigns and initiate local ownership-building strategies to help secure support.
- Encourage, support, and, if possible, facilitate coordinated efforts among Federal, State, and local levels.
- Establish a resources committee to investigate in-kind services, training, and technical assistance.
- Be sensitive to various technical assistance needs in different stages of development.
- Make sure there is a process of accountability (auditing) for all resources.
- Do not restrict thinking and dreams. Examine all resource possibilities. Be creative.
- Do not be afraid to hear "No." Role-play requests as a part of training.
- Know what you are asking for. Have well-established goals, plans, budgets, and time lines. Identify resources. Network. Do your homework.
- Gain community acceptance and endorsement from key community leaders to accrue resources for program maintenance.
- Develop policies that support the integration of prevention into existing systems, including education and health care (doctors, nurses, social workers, and psychologists), in the treatment network.

- Study the conflict-of-interest issue and consider establishing policies regarding funding sources before developing a funding plan. This would include establishing a policy on potential support from the tobacco or alcoholic beverage industry.

# Chapter 7:
# Assessing the Impact of Prevention Efforts

THE FUTURE by design

Assessment is basically about asking the right questions. What do you need to know to plan, implement, and sustain an effective community prevention system? How might you gather and document these answers? Be creative with assessment efforts. Depending on the community and its prevention system goals, there may be many approaches to take. Once again, it is important to keep the diversity of the community in mind when planning the evaluation design, implementation, and final report.

From the beginning, assessment should be an integral part of the efforts of a community prevention system. Many of the processes discussed in this section will be related to those mentioned in the sections on planning. In this section, however, the guidelines for assessment are more specific.

As a foundation for assessment, it is critical to establish a clearly defined mission statement that reflects the shared vision of the community effort. Goals and measurable objectives should flow from this shared vision.

The criteria for documenting and assessing the progress of the prevention effort toward the objectives, goals, and mission should be decided at the beginning of the planning process and should be linked to program goals. Also, it is recommended that a variety of data collection methods be used: both qualitative measures, such as interviews and diaries, and quantitative measures, such as program records and changes in test scores. It is advisable to obtain existing baseline data from schools, law enforcement agencies, the State, the county, community health records, and other sources related to the community and the goals of the project.

As in the phases of planning and implementation, the assessment process should be sensitive to ethnicity, gender, age, language, and literacy. It is also imperative to use the results of the evaluation in a way that is culturally sensitive and easily understood by the people affected.

Evaluations should be interactive with the community and constituencies, starting with design and continuing through implementation and completion. Evaluation must be an ongoing, dynamic process that includes feedback to the program personnel and the community members.

It is important to keep accurate records and to keep evaluation expectations simple, realistic, and measurable. Consider the appropriateness of in-house or outside resources or both for evaluations. Especially at the beginning, many communities may need some training or technical assistance or both to help assess their progress. It is critical to budget adequate resources for evaluation and to take advantage of community resources such as universities, research assistants, and State agencies.

Evaluation can be a creative training and learning tool that looks at many different aspects of community prevention:

- Duplication of services
- Assessment of strategies
- Effective, positive change in the target population
- Assessment of leadership
- Future planning
- Self-assessment
- Marketing
- Incentives, rewards, and recognition
- Evaluation process
- Program change

## EVALUATION APPROACHES AND PROGRAM DEVELOPMENT

The communitywide and coordinated approach to prevention that is presented in this framework takes a long time and careful development. It is extremely important to learn from the experiences of implementing evaluation efforts as the programs and the community system mature.

The evaluation model and the approach discussed in this section were developed by EMT Associates, Inc. The ideas evolved through their experience in evaluating programs throughout the United States, evaluation literature, and feedback gathered at the framework dissemination workshops held throughout the country in the spring of 1990.

These ideas are presented here in the hopes of supporting community prevention system evaluation as the shift is made from the service delivery model to the community empowerment model in prevention programming.

Issues concerning the role of evaluation face all prevention programs. A common question is: What can evaluation do to help our program and how should we go about accomplishing it? This question is made more perplexing by many of the assumptions of traditional evaluation models. Figure 1 demonstrates the traditional model.

In this approach, evaluation is seen as a discrete element that comes after a program has been planned and put into effect. At this point, evaluators bring in their unique skills and develop information that will help decide whether the program has worked or not. In its simplest form, this decision is whether to continue the effort.

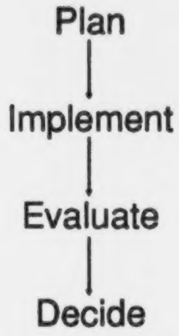

**Figure 1. Traditional model.**

Experience has shown that this model is misleading, particularly in programs that are responsive to the community and that will undergo constant change. Figure 2 shows a preferred model. This model shows evaluation as part of a management process that includes never-ending cycles of planning, implementation, evaluation, and decision.

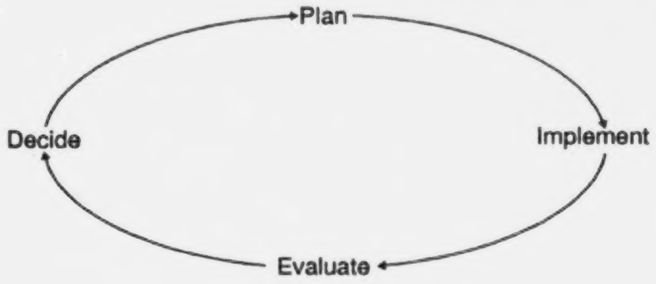

**Figure 2. Preferred model.**

Programs do not emerge full blown and complete. They undergo constant revision. This means that evaluation is not one decision point that will tell us whether a particular program is worth continuing. It is a series of decision points that will constantly help us to improve our program efforts in pursuit of our increased and changing understanding of what the community needs. Evaluation should be part of an ongoing, formative process that must be flexible in meeting the needs and changing capabilities of the community.

There are three basic approaches to evaluation: formal research, program monitoring and accountability, and program self-assessment (using information to make programs better). Each of these has a prominent place in the history and practice of evaluation and can make important contributions. However, developing programs, particularly those that are close to the community such as prevention programs, cannot be expected to assume the lead role in each of these kinds of evaluations. The following discussion addresses each type of evaluation.

## FORMAL RESEARCH

Formal research is designed to produce generalized information on effective strategies and programs in the area of prevention. This means that formal research will be focused on such things as well-developed and generally available curriculums, highly specified and fully developed approaches to counseling, longstanding programs that have settled on a particular set of useful prevention activities, and other kinds of highly controlled and specified prevention efforts. In these cases, the objective of the research is to ascertain whether these well-defined approaches can be expected to produce positive results over a wide range of circumstances. This kind of research requires rigorous techniques such as experimental methods, control groups, or time series analyses with pretests and posttests of effect.

Data from such research can be very useful to local prevention efforts by suggesting curriculums or program approaches that can meet objectives or be adapted to particular circumstances. This kind of information is appropriately published in journals, books, and research reports that may be available and disseminated to the public.

Undertaking formal research is not typically the job of local prevention programs that are striving to adapt and stimulate effective prevention activity in local communities. The reasons are several. First, most local efforts are not sufficiently developed, stable, or highly defined to allow this kind of research. Second, the research skills and considerable resources required are well beyond what is available within programs that are busy doing other things.

What is appropriate with respect to formal research is to use existing literature that is applicable to a community's concerns. If there is a curriculum, a peer counseling, or family counseling approach that the prevention program staff would like to consider, it is very appropriate to identify and search the relevant literature for what is known about the effectiveness of this program and how that might apply to specific community conditions. Again, emphatically, it is not appropriate for local community groups to think about producing this kind of highly formal and controlled research.

## MONITORING AND ACCOUNTABILITY

The evaluation for monitoring and accountability focuses on standard numerical information that documents the amount of work that has been done in a program. This information may include number of people contacted, number of training or counseling sessions provided, and amount of material distributed to the community. It also may include basic measures of consumer satisfaction or the quality of the work that has been accomplished.

This type of evaluation serves important functions. For funding agencies, central policymaking agencies, or agencies that facilitate activities, this information allows a concrete picture of what is being accomplished in local programs. For programs themselves, this type of information provides a concrete indication of basic success in accomplishing work. However, this type of information does not meet the more subtle needs of programs involved in trying to expand and improve their services. It does not provide lessons on why work was or was not accomplished, what might be done to improve the amount of work that is accomplished, or how the work affects recipients.

Monitoring and accountability require consistent and careful application of forms and other data-gathering methods that are used to document program activities. These activities are demanding because they require constant attention, but they are not complex. Filling out forms to document the number of people attending activities or to track participants would be an example.

Gathering information for monitoring and accountability is a useful and necessary function; however, it should not be construed to be the end product of evaluation efforts. These activities should be designed to provide the necessary information in the simplest and least demanding process.

## PROGRAM SELF-ASSESSMENT

Figure 3 summarizes uses and program responsibilities relating to program self-assessment. This type of evaluation is often neglected in discussions of assessment activities but has the most immediate usefulness and applicability to local programs.

| | |
|---|---|
| USES: | Identify important issues, assess how well they are being addressed, and decide how to do better |
| YOUR ROLE: | Ask, collect information, answer, and use |
| PROBLEMS: | Define focus and resources |

**Figure 3. Program self-assessment**

Program self-assessment is first and foremost a process of constant self-questioning. The process should involve being aware of important uncertainties and issues that need clarification in the management of your program. The purpose is to use information collection, both internal and from the larger community of experience concerning prevention, to address those questions, and to develop ways of improving local activities. The role of the local prevention program is central to program self-assessment.

You must identify those issues that are important to accomplishing your immediate objectives, those that must be addressed for your program to progress. You must decide what information will help in making decisions, whether that information is about needs within your local community, whether a program approach is acceptable to necessary implementers, and what way is best to approach a curricular or other community problem related to alcohol and drug use prevention. You are then responsible for collecting that information, answering the question, and most of all, using it in your own decisions about improving your program. Program self-assessment is at the center of practical and relevant applications of evaluation to local developing prevention efforts.

Practical evaluation efforts will not succeed unless there is an organizational approach to accomplishing the evaluation that also contributes to the primary purposes of programs, that is, the delivery of services. If evaluation requires that program workers divert their attention from their primary concern of meeting client needs and developing better services, the evaluation will appropriately fail.

# Chapter 8:
# Developing Partnerships: Cooperation, Coordination, and Collaboration

THE FUTURE *by design*

Approaches that emphasize sharing resources and developing partnerships are based on the premise that no one system can prevent alcohol and other drug problems in communities. Communities cannot solve the problems alone, either. The suggestions that groups within a community should communicate with one another, cooperate in planning and implementing activities, and coordinate their service provisions are heard more frequently at local, State, and Federal levels.

Cooperation, coordination, and collaboration are different levels of networking. As a coalition moves from cooperation to coordination to collaboration, its members will find that each step along the way requires more time, more trust, and more commitment to the greater community vision. The most successful community efforts continually work to create further opportunities for cooperation, coordination, and, ultimately, collaboration, all of which begin with clear and open communication.

A number of the communities surveyed reported notable examples of organizational cooperation, evidenced by

- Sharing resources, facilities, and volunteers (24 communities)
- Conducting programs and activities (18)
- Cosponsoring conferences and meetings (18)
- Sharing training and education

Some of the problems reported that have indicated a lack of cooperation include

- Turf fights and competition for credit (10)
- Philosophical differences (9)
- Denial or lack of awareness or denial (7)
- Personality or attitude differences (7)
- Competition for scarce resources (6)

- Short-term interest only (6)
- Conflict of business or religious values with effort (5)

This section identifies the processes that, when put into action, will facilitate partnership development.

Processes for cooperation, coordination, and collaboration must do the following:

- Develop ongoing mechanisms for maintaining positive working relationships, team building, conflict resolution, and networking. (This may include requesting technical assistance or training from resources outside the community.)
- Plan for and be sensitive to barriers such as turf issues and denial. (These issues can be ameliorated by finding and cultivating common ground among the organizations.)
- Develop a means to formally and clearly identify roles and responsibilities.
- Take time to foster a sense of trust and credibility among the programs through open, regular communication and team-building activities.
- Encourage the consolidation of shared resources to maximize them and decrease potential duplication of effort.
- Encourage speaking with one voice and communicating a shared vision.

In these times, when categorical funding has led to fragmented program development and service delivery, it is important to identify the political realities in your group meetings and be aware of the possibilities of hidden agendas. It is necessary to develop a process that promotes open communication with Federal, State, and local agencies. The next step is to build collaboration among Federal, State, and local organizations by developing the appropriate skills. Collaboration results in a power that is a legitimate tool for social change. Remember to use peer pressure and the strength and momentum of the group to encourage participation.

Here are two more concrete suggestions:

- Conduct an assessment of community resources and publish a manual that includes a description of organizations and contact persons. (This resource manual can also help your community identify gaps in services. The information will help the community establish a common mission statement, policies, and procedures.)
- Investigate, secure, and nurture formal and informal alliances such as volunteers and professionals; public and private; national, State, and local; and youth and adult.

Working toward collaboration is an ongoing process. It is important to create or take advantage of special events in the community that foster collaboration. Continue to reach out for new members, but recognize that any change in the system, such as new membership, alters the system.

A key ingredient in system maintenance is a built-in reward structure providing opportunities for fun, recognition, and personal satisfaction. Remember also that awareness and sensitivity to diversity of ethnicity and style are paramount. This diversity must be appreciated in program planning and implementation and celebrated in moments of success.

# Chapter 9:
# Using the Framework in Multiethnic Communities

THE FUTURE *by design*

"Community" can be defined geographically, as a bounded physical space, or nonspatially, as a relational collection of social institutions and sectors that function within a locality, such as an ethnic community (Chavis and Florin 1990). Recognizing both definitions is crucial to develop and implement the community framework.

The demographics of our Nation are rapidly changing. By the year 2000, those now called ethnic minorities will outnumber what is now the majority in some States. It is estimated that people of color will make up 40 percent of the service delivery system.

The community framework provides a model for developing a prevention system for alcohol and other drug (AOD) problems. This model is based on the inclusion of all sectors of the community to define issues and solve problems. This chapter explains how cultural diversity may influence the development and implementation of the community framework in your area.

## CULTURE AND VALUES

Culture implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group (Cross et al. 1989). Mainstream or dominant American cultural values include independence, competition, productivity, objectivity, and a proactive approach to life (Clark 1988). These values are expressed by the media, entertainment, conversations, churches, and schools.

Ethnic communities provide their members with other cultural values, which include interdependence, cooperation, process, intuition, and maintenance. These values are expressed by family and extended family concepts, gender roles, concepts of time, harmony or balance within one's life rather than achievement, spirituality, and a less than optimal level of health rather than a cure.

Focusing on differences rather than similarities is contrary to the dominant culture and members of ethnic communities know this only too well. "Culturally blind" services are characterized by the belief that helping approaches traditionally used by the dominant culture are universally applicable; "if the system worked as it should, all people, regardless of race or culture, would be served with equal effectiveness." (Cross et al. 1989). Because such services ignore cultural strengths, encourage assimilation, and blame the victims for their problems, the result is that members of minority communities are viewed as culturally deprived and, therefore, somewhat "less equal" than members of the dominant society.

## THE COMMON DENOMINATOR

A sense of community is a perception that "members have a sense of belonging and being important to each other" (Chavis and Florin 1990). In working with ethnic communities it is critical to be aware that the dignity of the person is not guaranteed unless the dignity of his or her people is preserved.

The community framework is based on community development principles. The social and medical sciences have shown that a sense of connection and a sense of control have influenced psychological, physiological, and social well-being (Chavis and Florin 1990).

The common denominator between community development and ethnic communities is the concept of process and product. A sense of community is a perception with an affective component forged through the quality of interaction among individuals who make up the group (Chavis and Florin 1990) or process. The product is defined by who is involved in the problem definition and solutions.

Process in ethnic communities is the family and extended family—the primary support network. The family provides the context within which the person functions and relates to issues of self-esteem, identity formation, isolation, and role assumptions (Cross et al. 1989). The product is maintenance of family and family rituals, family history, and community interaction.

All cultures have historically had natural helping systems, designed to ensure their futures. These systems defined ways to nurture and protect children and included instruction on behavior, attitudes, and knowledge. Although the influence of Western culture has been globally pervasive, some remnants of traditional cultures exist and may be used to develop service delivery practices in ethnic communities.

Given the cultural values of ethnic communities, it is important to recognize in the development of the community framework issues related to gender, hierarchy, decisionmaking styles, communication patterns, learning styles, and etiquette. How AOD problems are defined is equally important. AOD problems must be framed within the primary value system of the community, and we suggest that resiliency and protective factors be the theoretical construct when working with ethnic communities.

## DIVERSITY WITHIN AS WELL AS AMONG

We must recognize the diversity within, as well as among, ethnic groups. Understanding the history of an ethnic group, the current stage of its social group identity, and its relationships with other groups in the community is also critical. Several factors need consideration.

One fundamental factor in working with ethnic communities is to recognize their historical cultural backgrounds by acknowledging and validating their country of origin. In our rush, we err when we want to identify all American Indians as Indians rather than by their tribal affiliations; Asians as Asians rather than as Japanese, Chinese, Vietnamese, Korean, etc.; or Hispanics as Hispanics rather than as Mexican, Puerto Rican, Cuban, Latin American, Central American, Salvadorean, etc. All people come from ancient civilizations with unique contributions to the world and thus have unique world views and styles.

Another common error in working with communities of color is to make broad generalizations based on interaction with a narrow segment of the group. Strategies effective with third-generation populations may not be effective with recent immigrant populations because of acculturation, assimilation, and a shift in value systems. Also, socioeconomic differences have a profound effect. It is important to recognize to what degree the people with whom one is working have been assimilated.

It is equally important to understand the group's motivation for migrating to the United States. For some segments of an ethnic group, migration was based on economics and the potential for prosperity not available in their home country. For others, migration may have been a last resort based on political realities at home. Forced migration by kidnapping brought many African Americans to this country, and the history of the more than 450 federally recognized American Indian tribes includes the invasion of their lands and many broken treaties. History plays a role in any community organizing, regardless of the content.

Language and symbols are central to the process of inclusion. Regardless of whether learning style is an innate or a learned behavior, it is critical to identify the most effective method of transmitting information. Metaphors, analogies, storytelling, music, visual aids, and written materials are all effective strategies to consider. The appropriate language and dialect depend on the segment of the community with which you are working.

How AOD problems are defined may determine who should be involved in the process. Hierarchy and gender roles are important considerations. For example, if AOD problems are defined as obstacles to the future of the group, elders may be critical. If AOD problems are restricted to issues of child development, females, as perceived caregivers, must be involved. Each ethnic group has assigned certain roles and responsibilities to its members, and success will depend on identifying how those roles can enhance the prevention of AOD problems.

You must encourage and facilitate maximum involvement at all levels and in all phases of program planning and decision making. This process requires a sociocultural assessment of each segment of the population and answers to the following questions:

- What is the community's history?
- What are the basic world views and beliefs of the community?
- What are the community's dominant norms and values?
- What are the expressions of spirituality within the community?

- What are the formal and informal organizational structures and communications systems?

- Who are the key opinion leaders and communicators?

Asking these questions is a critical first step in developing the cultural competence required of prevention systems planners working in ethnic communities.

## FACILITATING THE PROCESS

Each community sector is unique, and no one document will capture the idiosyncracies of a particular community. Cultural competency is not a knowledge base to be learned by an individual practitioner but rather an ability to identify and use the community's knowledge about itself to modify the policies and practices of institutions dedicated to providing services to all sectors of the community.

Focusing on the community's strengths and competencies, the community framework engages all sectors to participate in planning and producing services. Successful implementation of the framework requires the knowledge base and skills of an effective facilitator.

The greatest obstacle to programming is usually time. Because effectiveness is measured by units of service over a defined period of time, many efforts may fail. The interpersonal relationships required to build trust, vision, methods, service, and results are seldom acknowledged and usually underestimated.

Trust building is probably the most difficult aspect to overcome in working with ethnic communities. Trust is built over time and on common experiences.

> If you are an adolescent and African American and you are seriously emotionally disturbed, chances are you will end up in the juvenile justice system rather than in the treatment setting to which your Caucasian counterpart would be referred (Comer and Hill 1985; Hawkins and Salisbury 1983). If you are a Native American child and seriously emotionally disturbed, you will likely go without treatment or be removed legally and geographically from your family and tribe (Berlin 1983; Shore 1978). If you are a child who is Hispanic and seriously emotionally disturbed, you will likely be assessed in a language not your own (Padilla et al. 1975). And if you are an Asian child and seriously emotionally disturbed, you will likely never come to the attention of the mental health system (Chin 1983). [Cross et al. 1989]

People of color have been systematically and historically denied the same privileges, rights, and access to political, social, and economic structures afforded to members of the dominant culture. Thus, regardless of individuals' sincerity, the community framework will be viewed from this perspective, and it will be up to the leaders in your community to demonstrate a change.

Trust can be developed among individuals. Effective facilitation requires that the facilitator remove his or her ego from the process and enable the group to fully participate by creating a safe environment, mirroring for the group their vision, providing the resources to realize the vision, and allowing them to assess the value of the work in their own qualitative and quantitative terms.

Before practitioners work in ethnic communities, they should acknowledge, become familiar with, and, if possible, practice aspects of their own ethnic group. This personal process enables them to experience validation for themselves and for their extended community and provides a vision of the intended results. Individuals also need to be critical of their beliefs, customs, and attitudes toward others and be aware of obstacles to working with others.

Self-awareness should also include an assessment of personal strengths and weaknesses. From a cultural perspective, ask yourself the following questions:

- Are you willing to have others make the final decisions?
- Are you comfortable staying in the background and letting others take the lead?
- Is it okay for only the men to speak?
- Can you tolerate lateness?
- Are you comfortable starting a meeting by just chatting about personal things?
- Are you comfortable with silence or long pauses?
- Do you need to find the logic in every aspect of the work?
- Can you finish what you start?

A key outgrowth of cross-cultural knowledge and understanding is the use of culturally appropriate communication, etiquette, and problem-solving techniques. All our actions should be appropriate for the target culture and reflect a respect for its norms and values. An important component is the recognition that different cultures have different learning styles, communication patterns, and problem-solving techniques.

To work effectively with members of other cultures, you must frame your actions in the styles, norms, and behavior of those cultures. If any of the above-mentioned questions presents a problem for you, consider how to prevent these issues from becoming obstacles to your effectiveness in ethnic communities.

## FRAMING THE QUESTION

The target community frames the definition of the problem. The challenge in each community is to identify the indigenous leadership, which in ethnic communities is seldom an individual but rather a group of leaders working cooperatively and motivated by the desire to be of service to the community.

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This leadership must address the following questions:

- What is the desired state of the community?
- What are the barriers to that state?
- What are the positive and negative consequences for addressing those barriers?
- What are the appropriate methods to address those barriers?

"Participation," like "community," is a term with many meanings. How participation is defined will produce different effects. The degree of control over actual program design and delivery will determine true community empowerment. The practitioners should ask these questions of themselves and their organizations:

- Who is interested in this issue and why?
- Is the indigenous leadership interested in this issue?
- Who else should be involved?
- Who will determine the activities?
- How will the target community measure its success?
- Will the activity validate the target community?
- Is the effort do-able?

## RISK FACTORS VERSUS PROTECTIVE FACTORS

Recent research has identified risk factors associated with AOD problems. These risk factors fall into several domains: the community, the family, the schools, the peer group, and the individual. Most prevention strategies to date have been designed from a deficit model. As Amado Padilla, Ph.D, Stanford University, School of Education said, ". . . given the number of risk factors present in ethnic communities, it's a wonder they don't drink and drug themselves more" (personal conversation).

There is tremendous resiliency present in ethnic communities that can contribute to the knowledge base of how to prevent AOD problems in the general community. Our challenge is to identify and use these beliefs, attitudes, and practices.

The following list of questions can help in initiating this process:

- What do community members consider "good health," "illness," and "poor health"?
- How do they define AOD problems?
- Where does good health fall in the hierarchy of needs, values, or goals in the community?

- What are the community's beliefs about the prevention of AOD problems?
    - What is to be prevented?
    - Who should be responsible?
    - Is prevention possible?

## RECOMMENDATIONS

The community framework in ethnic communities requires a process guided by principles based on respect, trust, and commitment. The following recommendations are suggested to enhance your work in these communities:

- Form a council of the indigenous leadership to define, articulate, and rank the development and implementation of the community framework in your local efforts. This council will guide you and should be perceived as your ears and eyes. Your role is to be respectful and deferential.

- Provide the council with the information about AOD problems as they affect their community. Let the council determine how AOD problems interfere with the community's goals.

- Use the council's suggestions about initial activities that should be provided to the community. These activities usually involve sharing information and motivating the community to create momentum and critical mass.

- Encourage and help members of the council to articulate the issues to their perspective communities, using the language, communication methods, and settings most appropriate to the target audience.

- Actively listen to how the community defines AOD problems, causes, and prevention.

- Facilitate the use of resources to prevent AOD problems with methods supported by the community.

- Continually monitor and evaluate the effectiveness of the work in terms prescribed by the community.

- Look for methods of institutionalizing the prevention of AOD problems in the target community, using both formal and informal helping systems, including families, organizations, churches, clubs, associations, schools, neighborhood groups, law enforcement, businesses, recreation centers, and local media.

## SUMMARY

Great civilizations have existed throughout the world, and fundamental to each civilization has been the development of a philosophical base from which to see the evolution of time. Mass media and telecommunications have shrunk the globe, and we are now in a unique position to learn from each other about each other.

Numbers alone will influence customs, values, beliefs, attitudes, and behavior from an ethnocentric Western system toward a third-world point of view. The contributions that the cultures can make will aid in the further development of this society as we move into the next millennium.

We encourage communities to embrace cultural diversity as a means of creating the tolerance, understanding, and compassion needed to coexist, and we see the community framework as a step in this direction.

## USING THE COMMUNITY PREVENTION SYSTEM FRAMEWORK IN AFRICAN-AMERICAN COMMUNITIES

AOD abuse continues to escalate as a major social and health problem among certain ethnic groups: American Indians, Asian/Pacific Island Americans, Spanish-speaking Americans, and African Americans. Although the effects of AOD abuse are evident in each of these groups, this section will focus exclusively on the last group, African Americans.

In the past several years, there has been a significant increase in the body of knowledge on AOD abuse among African Americans. Despite this increase, we still lack comprehensive epidemiological data (Trimble et al. n.d.). Although this lack of data continues to be an area of concern, we can learn much from the available information to provide direction in the development of prevention and intervention system designs.

An epidemiological analysis of AOD use among African Americans is beyond the scope of this section; however, a cursory review of the data can be misleading, but a close examination can be revealing. For instance, a national survey conducted in 1984, which included representative samples of African Americans and Hispanics, revealed a higher level of abstinence from alcohol among African-American males and females than among White males and females. Closer examination of the same data, however, reveals that African Americans experience significantly higher rates of medical, personal, and social problems related to drinking than do Whites. African-American males have a considerably higher rate of acute and chronic alcohol-related diseases, such as cirrhosis and cancer of the esophagus. Between 1979 and 1981, the incidence of esophageal cancer for African-American males aged 35 to 44 was 10 times higher than for White males (U.S. DHHS 1986).

According to Prim (1990), any discussion of AOD abuse must include tobacco. Current data indicate that there has been a decrease in the number of smokers. In 1965, 52.1 percent of all males aged 20 and older were smokers, compared with 35.4 percent in 1983 (U.S. DHHS 1986). More African-American males than White males and females smoke. In 1983, 42.6 percent of African-American males and 34.6 percent of White males were smokers; 32.5 percent of African-American women and 29.8 percent of White women were smokers. The smoking-related mortality rate corresponds to this difference in number of smokers.

African Americans are more likely than Whites to die from lung cancer. As of 1981 the age-adjusted death rate for African-American males was 94 per 100,000 population, compared with a rate of 69 per 100,000 for Whites (U.S. DHHS 1986).

Because data on illicit alcohol and other drug use among African Americans are often flawed conceptually and methodologically, such findings must be reviewed cautiously; nevertheless, the available data suggest cause for concern. According to the *Report of the Secretary's Task Force on Black and Minority Health* (U.S. DHHS 1986), the overall prevalence of drug abuse in the general household population for African Americans and Whites was about the same. However, what appear as benign data are quite the opposite. The negative consequences of drug use for ethnic/racial populations are far-reaching and include acquired immunodeficiency syndrome (AIDS) and hepatitis B infection. Drug abuse also increases the risk of homicides, crime, accidents, and birth defects. The adverse impact of drug abuse on employment, academic achievement, and family stability is incalculable.

Although the epidemiological data do not provide a definitive quantification of the AOD problem, daily observation of the deleterious effects of alcohol and other drugs on the social, economic, and moral fabric of our communities is compelling evidence of the magnitude of this problem in our Nation and communities. Furthermore, AOD abuse in the African-American community is more than the presence of mind-altering substances. It includes the literal destruction of the traditional cultural norms that have been essential for the survival of African-American people (Nobles et al. 1987).

In the 1990s, the need for culturally relevant prevention and intervention approaches may no longer require explanation or justification. As the problem of AOD abuse escalates, it becomes increasingly important that we enhance our understanding of such behavior in a sociocultural context. The logic is simple. If the behavior occurs in a cultural context, its assessment, prevention, and intervention should be considered in the same context. Such consideration entails developing cultural competencies that reflect an understanding of the values, attitudes, and behaviors that foster and hinder AOD use in ethnic communities.

The development of cultural competency is essential to the design and implementation of a community prevention system. As the term implies, this model is based on a systems approach; all sectors or systems in a community must be mobilized for the approach to be effective. Cultural competence enhances one's ability to effectively and genuinely mobilize the total community. Cultural competence is reflected not only in attitude but is characterized by actions that seek to facilitate community empowerment.

The remainder of this section focuses on specific ways in which the framework for community prevention systems can be used effectively in African-American communities. It should be noted, however, that there is no monolithic community; intragroup differences do exist. This fact should be kept in mind when implementing any prevention model.

One of the unique qualities of the framework is that it is precisely that—a framework. It is not a fixed formula or a precise prevention strategy. Instead, the framework provides the essential elements of a prevention system, which the community can fashion and mold to fit its own unique character.

## INITIATING A COMMUNITYWIDE PREVENTION EFFORT

Quite frequently the initiation of a community prevention effort is precipitated by a charismatic person with a particular interest in the issue or by the occurrence of a tragedy.

In the African-American community, initiation often requires a much more conscious and deliberate approach. In communities in which AOD-related tragedies are commonplace, single occurrences are less likely to serve as a catalyst for action; however, recognition of the devastating effect of AOD abuse on the overall quality of life in African-American communities has increasingly served as the impetus for collective action. A critical factor in initiating a prevention effort in the African-American community is recognition of the overall negative impact, economically and socially, of AOD abuse.

The successful implementation of a prevention system frequently rests on the first step—initiation because critical decisions that will affect the fashioning of the system are made at this stage. Answers to certain questions will dictate the formulation of the prevention system. For example,

- What are the nature and extent of the problem?
- Who is affected by the problem?

The definition of the problem will guide the solution.

To truly represent the total community, the initiation phase of the effort must include all subgroups in the community. In the African-American community, careful consideration must be given to ensure that subgroups distinguished by religious affiliation, socioeconomic status, occupation, lifestyle, gender, and age participate in all phases of the effort.

Inclusion is more than physical representation; it is the recognition and adoption of efficacy of the values, ideas, and experiences that each group brings to the effort. It requires a genuine willingness to engender a collaborative culture within the coalition.

Including key leaders from all segments of the community is a key element of the framework. In the African-American community, leadership often varies from the traditional concept. In addition to political leaders, business people, and white-collar professionals, leaders might also be morticians, ministers, and retired school teachers. One should not assume that the traditional notion of a community leader applies to the African-American community; instead, a special effort must be made to ascertain the leadership configuration for the particular community. Defining the leadership also affects another key element of initiation—assessment.

Community assessment is the process of ascertaining people's understanding of the issues and problems within the community and analyzing current activities and available resources. In the African-American community, it is important to include those who are knowledgeable about the community in this process. Such persons may or may not be community leaders; they may be individuals such as the beautician, barber, and small business owner. These individuals, by virtue of their position in the community, are tremendous sources of information—they have a unique sense of the pulse of the community.

Assessment is not restricted to a paper and pencil methodology. Equally important is community observation and participation in community social activities, which provide insight on the essence of the community.

Coalition building is a process with which the African-American community is quite familiar. However, to be successful, the process must allow time for building rapport, which involves the cultivation of trust and mutual respect. Coalition building does not mean "You all join us"; rather, it means "We are all coming together." All partners in the coalition are equal participants in the effort.

Planning and community awareness reinforce each other. Planning is a dynamic overt process that can enhance community awareness, which itself can be a source of energy for the planning process. The most frequently used strategy for generating awareness is involvement of the media—print, radio, and television. It is important that the media used include those patronized by African Americans. Needless to say, awareness efforts must reflect the cultural milieu, the heritage, values, traditions, and practices of the community.

Inclusion and ownership are major cornerstones of the framework. The latter is the result of the former. For both elements to be reflected throughout the prevention system, they must be included at the point of initiation.

## PROVIDING LEADERSHIP

Leadership is crucial to the development of a community prevention system. It involves mobilizing the resources, both material and human, necessary to respond to the identified problem. Effective leadership entails cultivation of a cooperative environment in which the shared vision of the community is nurtured. Often, the most effective leadership emerges naturally. Additionally, variable leadership approaches, shared and rotating, may yield optimal results. Whatever the approach, it is imperative that leadership reflect the character of the community.

As mentioned, leadership in the African-American community may not exist in the form traditionally found in other communities; however, social, civic, and religious organizations often are sources of leadership. The emergence of grassroots leadership is becoming a most effective means of generating community ownership of a prevention system. Multiple leaders are also a means of promoting inclusion and participation.

## MAINTAINING THE MOMENTUM

One of the major challenges in implementing a community prevention system is maintaining momentum. To sustain a prevention effort, it is important to maintain the interest of the community. This goal can be accomplished by a continuous flow of information and an ongoing recruitment of new energy.

The following are recommendations for maintaining momentum in the African-American community:

- Provide the community with periodic feedback on the accomplishments of the prevention effort. This feedback can be a celebrative occasion or other such event that focuses attention on the activities of the coalition.

- In the planning process, make sure that short-term goals are articulated and that their accomplishment is shared.

- Use the religious community in generating and recruiting new energy as well as disseminating information on the coalition.

- Link prevention-focused activities to cultural events (festivals, reunions, and so on) in the community.

- Involve senior adults and youth in the prevention effort.

Individuals bring various levels of skills and expertise to the prevention effort. Technical assistance and training develop competency and also maintaining interest and enthusiasm. Flexibility must be maintained when such opportunities are offered; for many individuals, evenings or weekends are the best time for these activities. Another factor to keep in mind is the need for supportive services, such as child care and transportation.

## IMPLEMENTING ACTIVITIES

The specific activities to be implemented as a part of the prevention system will be dictated by the problem identification and planning process. The selection of activities can be viewed as the operational plan for addressing the defined problem. Once the types of activities needed have been determined, they must be fashioned to reflect the cultural motif of the community.

Consideration of the cultural impact of AOD abuse on the African-American community provides insight on how culture, problem definition, and prevention activities are interlinked. In many ways, the drug culture is destroying the positive historical values, traditions, and practices of the African-American community. AOD abuse represents more than the unhealthy use of mind-altering chemicals; it destroys the cultural elements that have served as a source of communal and familial strength. Values such as respect for elders, interdependence, shared responsibilities, and spiritualism are now being replaced by conflicting values such as materialism, self gratification and self reliance. Prevention activities are recommended that focus on the restoration and reinforcement of traditional and sustaining values such as family and communal bonding, a sense of interconnectedness, and mutual interdependence.

## BUILDING RESOURCES

To effectively generate resources in any community, it is important to have a plan that is an ongoing part of the prevention effort.

A significant dimension of resource building that is frequently overlooked is attitude. For instance, the view that there is an abundance of resources rather than a scarcity provides a positive mindset toward resource building. This attitude can be related to the African-American community. Resourcefulness is reflected in the adage, "Black folks can make a way out of no way," which is a testament to the community's ability to survive and even succeed by perceiving abundance instead of scarcity. However, this ability to do more with less is by no means a justification for the larger community withholding needed resources.

As within all communities, effective resource building requires a plan of action. Such a plan should be simple, practical, realistic, and useful. Essential components include the following elements:

- Assessment of the needs of the community prevention system.
- Determination of the resources required to respond effectively to those needs.
- Identification of resources available in the community that the prevention system might be able to obtain.

The ability to generate resources is directly affected by the level of support in the community; consequently, ownership building is essential to generate resources. Awareness campaigns and ongoing coalition building expand the resource base and strengthen the prevention effort. Coalitions enable individuals and groups of differing ideological, philosophical, or theological orientations to bring their respective resources to bear on a common problem.

Although the formal method for generating funds is through government and private grants and contracts, small individual donations are a significant part of the funding base in ethnic/racial communities. Fundraising activities such as raffles, membership drives, and solicitation of individual donors are viable strategies for generating funds in the African-American community.

Community-based fundraising activities can be linked to annual or periodic celebratory activities. Events highlighting the accomplishments of the coalition or honoring the contributions of volunteers and donors are excellent ways to link fundraising to ownership building.

Business and industry are traditional funding sources for community prevention systems, a fact that has particular significance for the African-American community. Often the business owners in this ethnic community are not residents and thus may have less incentive to invest in the collective health and well-being of the population. In this instance, the extent to which the business sector supports and invests in the community from which its capital is derived becomes a critical issue for the prevention system.

Last, but most important, African Americans must be aware of the wealth of untapped resources, both individuals and groups, within the community. Elders and youth are tremendous human resources who are eager to be involved, and church groups and social, civic, and professional organizations are also potential resources.

The level of effort put forth in building resources will be only as great as the level of commitment from the community prevention system. Remember that the difference between the possible and the impossible lies in determination.

## ASSESSING THE IMPACT OF PREVENTION EFFORTS

Assessment is the process by which a community determines

- the nature and extent of a particular problem,

- the community's perception of the problem and its solution(s),
- the effectiveness of the prevention effort, and
- the changes and modifications that are needed.

As in all communities, to assess the prevention effort effectively, a clear statement of the mission for the prevention effort must exist. This statement must reflect the shared vision of the community, which means that assessment is an ongoing, dynamic process.

The initial phase of assessment usually entails conducting a community needs assessment. This is a very important part of the process because it results in the definition of the problem as perceived by the community.

Within the African-American community, the definition of the problem will be determined by *who* is asked *what* by *whom*. Therefore, it is imperative that careful consideration is given to the following:

- The individuals selected to respond to the assessment. These should include broad-based representation of the various groups and strata within the community, as well as community knowledgeables.
- The questions. The assessment should be designed to obtain the most meaningful input.
- The individuals conducting the needs assessment. The selection of individuals to retrieve the assessment data should be made to optimize the collection of accurate, meaningful information.

The purpose of the community needs assessment is to provide programmatic direction in designing the prevention system. Once implemented, the continuous monitoring of the prevention system is essential. A significant aspect of this process entails asking the right questions. The selection of questions that make up the assessment must, of course, be culturally sensitive.

The following questions are appropriate in designing an ongoing programmatic assessment:

- In behavioral terms, what will be accomplished by each prevention activity?
- What is success? Specifically, how will the community look and act when the prevention effort is successfully completed?
- What are the indicators that the prevention effort is moving in the desired direction?
- What specific attitudes and behaviors will change, and how, as a result of the prevention effort?

If the coalition is able to arrive at a consensus on definitive answers to these questions, the result should be a set of operational goals and objectives that are observable and measurable.

### DEVELOPING PARTNERSHIPS THROUGH COOPERATION, COORDINATION, AND COLLABORATION

As indicated earlier, the framework is based on a systems model; therefore, involvement of all sectors of the community is critical. Cooperation, coordination, and collaboration are necessary for this involvement. There are some inherent difficulties in accomplishing this task, including "turfism," competition, and philosophical differences, to name a few. The first requirement to overcoming these barriers is awareness and acknowledgment that they exist.

The following recommendations are offered for enhancing cooperation, coordination, and collaboration in African-American communities:

- Look for commonalities among differing groups in the community that can serve as a basis for cooperation.

- Specify the roles of all parties in a cooperative relationship, and ensure that they function as equal partners.

- At the beginning of the collaborative relationship, delineate ways in which the arrangement will be mutually beneficial for all groups involved.

- Be sensitive to intragroup differences; always maintain open communication.

- Make sure that all groups in the coalition have meaningful and fulfilling roles and responsibilities.

- Plan celebratory occasions during which the collective efforts of the coalition are acknowledged.

In summary, successful coalition building requires that all groups are interested in the effort, have meaningful roles to play, share in the rewards of the effort, and feel invested in the prevention system.

## USING THE COMMUNITY PREVENTION SYSTEM FRAMEWORK IN AMERICAN-INDIAN COMMUNITIES

### OVERVIEW FOR AMERICAN INDIANS

American Indians are the only ethnic group residing in the United States that has been defined legally. The Bureau of Indian Affairs and the tribes have their own definition, and the U.S. Bureau of the Census and the U.S. Department of Education have others. The Bureau of the Census now recognizes more than 500 tribes and 187 American-Indian languages (Trimble and Fleming 1989). A preliminary 1990 census count reflects more than 2.3 million American Indians, an increase from 1.6 million in the 1980 census. The contemporary problems of AOD abuse among many tribes can be understood only in the light of the exceptional position they have in American society. To facilitate appropriate solutions to social problems, including AOD abuse in American-Indian communities, it is necessary to understand the social, cultural, and tribal diversities and the geopolitical realities of American-Indian life (Beauvais and La Boueff 1985).

Many groups on and off reservations are on the threshold of implementing community-controlled and -empowered strategies to prevent and intervene in AOD abuse. Ten years ago, there were no pow-wows, rodeos, or American-Indian gatherings at which alcohol and other drugs were expressly forbidden; today there are. In the past year alone, 1,000 American Indians attended the first national conference of American-Indian adult children of alcoholics in Missoula, MT, and 650 American Indians attended the first women-and-wellness conference in Phoenix, AZ. No other recent national American-Indian conferences have matched these numbers.

In the era of increased attention to civil rights and the expansion of Federal antipoverty programs, American Indians were generally categorized under "ethnic minorities." A major assumption of these programs was that ethnic/racial populations shared the same goals as everyone else but lacked the means to fully participate in the American way of life. Although this assumption may have been true for some ethnic/racial populations, it did not apply to the many tribes that wanted to preserve and pursue a different set of cultural goals (Deloria 1969). The tribes had a different vision; therefore, when they participated in Federal programs, they found themselves saddled with regulations that did not match their goals. Participation was minimal and ownership was reduced. Administrators in Washington, DC, were puzzled; they believed they were responding to ethnic/racial needs, but they were unaware that many of their responses were culturally naive.

Currently AOD prevention programs exist on a number of reservations and in urban areas. Most of these programs are of the top-down variety. They originate from a particular theoretical framework and are usually designed by non-American Indian professionals in health or mental health fields. The programs are "imposed" on a community with the hope that most people will fit the model. These programs achieve varying degrees of success, depending on the adequacy of the fit with actual needs. An alternative method of program and community development is presented by Beauvais, La Boueff, and OSAP. The approach is to intentionally involve all sectors of the community in an interdependent process of planning for alcohol and other drug abuse prevention strategies. The strategies must reflect community-defined needs and solutions since they are developed and implemented by the tribes themselves. This process can be used in a wide range of communities, but it is particularly relevant to American-Indian communities because it incorporates many unique sociocultural factors of contemporary American-Indian life.

## INITIATING A COMMUNITYWIDE PREVENTION EFFORT

AOD abuse is only one of many behaviors subject to the prevailing controls and sanctions of a community. If the community excuses an American-Indian man's behavior because he was drunk, the behavior will continue. If deviant behavior of any type is to be constrained effectively, there must be not only strong community values regarding those behaviors, but the values must be visible and clearly communicated to everyone. This is particularly true for American-Indian youth, who are just beginning to internalize values. If their role models are not sober and they perceive no clear value message from the community, they are likely to act according to peer group standards. Thus, the focus must be on the messages that community standards are conveying. It is necessary to reexamine the common message that binge drinking equals fun and that no alcohol equals no fun.

The goal of an intervention effort aimed at community values is to create an observable ethic that encompasses the community's stance on AOD use. Acceptable options must be made clear to community members. If an American-Indian community uses the cultural control of shaming and teasing someone for inappropriate behavior, the person is less inclined to repeat that behavior. The key point is that the *community* decides what is acceptable and what is not.

## PROVIDING LEADERSHIP

Beauvais and La Boueff have developed a community action process congruent with the emerging sense of self-determination among American-Indian people:

| **Agent** | **Function** |
|---|---|
| Initiator | Assemble core group |
| Core group | Define problem |
| | Collect data |
| | Produce report |
| | Create awareness |
| | Recruit task force |
| Task force | Gain community approval |
| | Contact service providers |
| | Meet with parents |
| | Develop community plan |
| | Assess resources |
| | Request funds (if needed) |
| | Stabilize programs |
| | Structure future input |

American-Indian community action usually begins with a small group of interested and committed people who form a nucleus around which the various elements of the community can unite to bring about concerted action. Who these people are and how they initially come together varies from place to place, but personal initiative is the key factor in the early stages of community action. It is often said that volunteer efforts will not work among American-Indian people, that a formal program with professional staff is the answer. This belief reflects the problem of dependency cultivated over the years by Federal policy; community action is intended to address this problem.

## MAINTAINING THE MOMENTUM

The first function of the core group is to create an awareness that an AOD problem does exist and to define its dimensions. The extent of AOD use should be neither minimized nor exaggerated. The group may document its findings in a report to use in discussions with human services agencies, parents, business people, elders, tribal councils, and law enforcement officials. Once it is demonstrated that the problem can be defined accurately and that solutions are possible, more people will become interested in joining the efforts of the core group. Task force membership should be based on interest and commitment and should cut across any existing cleavages in the community. If this is done effectively, the task force will have legitimacy and be in a position to coordinate intervention activities. Remember, this process takes time.

### BUILDING RESOURCES

As a result of numerous meetings, the task force should move toward a more formalized prevention plan. As the plan takes shape, an inventory of local resources can be taken to determine the community's ability to handle its AOD problems. At this point a decision is made about the need for external resources. If necessary, State and Federal agencies are approached with a specific request based on a well-thought-out plan. If the task force has done its assessment and planning job well, it will be in a position to request funding for treatment and prevention approaches that are culturally and socially appropriate for the particular tribe or intertribal community.

### IMPLEMENTING ACTIVITIES

The types of intervention activities developed by the task force will vary greatly from one community to the next. Some tribes may want to focus primarily on traditional American-Indian therapies involving healers, as in sweat lodge treatment, participation in the Native American Church, and special ceremonies (for example, sun dances and clan-based dances). In other communities, modified psychological approaches provide the best answer. Family therapy, to include the extended family and any adopted family members might be possible. Educational efforts are certainly needed and in some communities could be integrated with the traditional storytelling role of tribal elders.

It is important that specific intervention activities be developed locally. Imposition of predetermined solutions leads to inappropriate programming, stifles creativity, and causes resistance among community members. The more investment people have in the initiation of activities, the more likely they are to provide continuing support. They will have ownership and feel included in the effort.

In conclusion, many American-Indian leaders and tribal members report a readiness in their communities to address AOD problems. They are asking for sober leadership, a healing of dysfunctional families, and a breaking of destructive cycles of behavior arising from AOD abuse. To take advantage of this opportunity, American-Indian communities must practice the collective efforts outlined here—communication, cooperation, coordination, and inclusion.

## USING THE COMMUNITY PREVENTION SYSTEM FRAMEWORK IN ASIAN/PACIFIC ISLAND AMERICAN COMMUNITIES

### OVERVIEW OF ASIAN/PACIFIC ISLAND AMERICAN COMMUNITIES

The 1990 census shows that the Asian/Pacific Island Americans were the Nation's fastest growing racial group in the 1980s, more than doubling their 1980 numbers. However, at 7.3 million, they still make up only 3 percent of the national population of

248.7 million. Most of the growth is the result of immigration and most of these immigrants settled in California, Hawaii, and New York. Along with this rapid increase has come rising expectations. Also, the diversity within the Asian/Pacific Island American community is tremendous and they all have different agendas.

One must take into consideration the status of their arrival to this country. The Vietnamese, Laotians, and Cambodians came as refugees. For the others, provisions of the immigration laws that favor migration of people related to U.S. residents encouraged people to come to the United States. The more people who reside here, the more people are eligible to immigrate because of their family ties.

The total number of Asian/Pacific Island Americans is closer to 8 million, due to the admission by the Census Bureau that the count for Asian/Pacific Island Americans is an undercount.

The majority of Asian/Pacific Island American newcomers have chosen to reside in urban areas. The 1990 census report indicates 84 percent of all Asian/Pacific Island Americans live in 50 metropolitan areas. Of the 7.3 million, 6.1 million live in urban metropolitan areas. The top ten areas are as follows:

1. Los Angeles, Anaheim, Riverside, CA
2. San Francisco, Oakland, San Jose, CA
3. New York, North New Jersey, Long Island, NY
4. Honolulu, HI
5. Chicago, Gary, Lake County, IL
6. Greater Washington, DC, area
7. San Diego, CA
8. Seattle, Tacoma, WA
9. Houston, Galveston, TX
10. Philadelphia, Wilmington, Trenton

The percent increases in these ten metropolitan areas since 1980 range from 15.3 percent in Honolulu to 139 percent in Los Angeles area. Numerically, the Los Angeles area gained 777 thousand in the ten year period and now totals 1.4 million. Beside the increases in areas on both the west and east coast, other metropolitan areas which show heavy increases are Boston, Dallas/Fort Worth, Minneapolis/St. Paul, Atlanta, Orlando, Phoenix, and Denver.

Far from being homogeneous, the ethnic differences among the 32 or more Asian/Pacific Island American subgroups are rather complex. Individuals within these subgroups may differ in many ways, for example,

- area of residence in the United States;

- generational status in the United States (that is, first, second, third generation, etc.);
- degree of acculturation;
- native-language facility;
- competence in using the English language;
- degree of identification with home country and region of origin;
- educational background (number of years abroad, in the United States, or elsewhere);
- age and sex;
- family composition and degree of family intactness;
- social-economic-political value orientation and identification;
- immigrant or refugee status;
- access to local formal and informal institutional network (family associations, churches, Mutual Assistance Association, etc.); and
- perception of choice of emigrating to the United States.

Contrary to the image and stereotyping portrayed by mainstream media and perceived by most people that Asian/Pacific Island Americans are the "model minority," this population is in fact at high-risk for AOD abuse.

With a high immigration rate, transitional problems of language, peer network changes, and educational system changes leave Asian/Pacific Island American youth with high levels of stress and confusion in their difficult development years. Yee and Thu (1987), in their article in the *Journal of Psychoactive Drugs,* highlighted these transitional problems of Asian/Pacific Island American youth and the resultant trauma and development of risk factors. For example, many drop out of school because English language deficiency places them in lower grade levels than their contemporaries. The San Francisco Unified School District reports, from 1982 to 1986, that 14,894 Asian/Pacific Island American students had native languages other than English. This figure represents 58.7 percent of the total number of students whose native language was not English. The 1980 census reports 10,486 Asian/Pacific Island Americans dropped out of school compared with 6,158 Hispanics and 6,377 African Americans. Economically, 12.6 percent of the Asian/Pacific Island American population falls below poverty levels compared to 9.7 percent for the general population. San Francisco Chinatown, with 220 persons per block, ranks as the second (following Manhattan, NY) most densely populated neighborhood in the United States. High median family income figures, characterizing Asian/Pacific Island Americans who often pool resources of family members together, have been erroneously interpreted to indicate high success and to view Asian/Pacific Island Americans as a "model minority." When calculated on a per worker basis, the income drops dramatically.

In the area of crime and delinquency, the *FBI Crime Reports, 1965-1985* show a significant increase in drug abuse arrests, robberies, vandalism, runaways, and offenses against family and children. The *Report* notes a *900 percent increase* in drug abuse arrests for Asian/Pacific Island American youth over the last decade. In all major cities with a large population of Asian/Pacific Island American youth, gang activities, drug involvement, violent crimes, theft, and runaways, are key concerns of the respective law enforcement agencies' "Gang Task Forces" (for example, New York City, Boston, Los Angeles, San Francisco, San Jose, Oakland, Seattle, Houston, and San Diego). Clearly, the Asian/Pacific Island American youth population exhibits many of the risk factors noted by OSAP: school dropouts, latch key children, economically disadvantaged, children of AOD abusers, and behavioral factors such as committing violent and delinquent acts, episodes of mental health problems, chronic failure in school and education settings, and other factors involving bicultural adjustment and stresses.

The diversity within and among groups and the recent rapid growth in the population contribute to the difficulty of conducting meaningful research about the Asian/Pacific Island American population. The data base on this population is limited, and researchers are still struggling with the stereotypical notion that Asian/Pacific Island Americans do not have an AOD problem. Whether the stereotype is the cause or the consequence of the limited data base is not clear, but the result is obvious: little or no funded research and few community-based studies on Asian/Pacific Island American AOD abuse exist.

Progress is slowly being made in the area of prevention. Several federally funded (OSAP), community-based projects are presently being carried out by the National Asian Pacific American Families Against Substance Abuse, Inc. This is a national umbrella organization that has been successful in convincing the Federal agencies that an AOD abuse problem exists in the Asian/Pacific Island American communities in the country. Currently, approximately 22 communities are engaged in an AOD abuse prevention program.

Despite the lack of a unified approach to document the needs and efforts of Asian/Pacific Island Americans in the areas of AOD abuse research, prevention, and treatment, activists and providers in various communities across the country have begun to network and collaborate on a number of community prevention projects. Among their goals are collaborating on communitywide efforts and designing and developing a program implementation manual that will help Asian/Pacific Island American providers of prevention services, as well as non-Asian/Pacific Island American providers, replicate and evaluate models that are culturally relevant and effective.

## INITIATING A COMMUNITYWIDE PREVENTION EFFORT

Although all groups should be invited to participate in the initial steps of the planning process, it is particularly important to identify and contact existing community institutions and their leaders. Their endorsement may encourage other community members to support the efforts. Early consultation with these leaders can be very helpful to avoid misunderstanding and community ambivalence toward new groups and controversial issues. Denial is a very real and difficult issue: it should be handled delicately and with a good deal of advance preparation and planning. Shame is another factor that is an important and difficult issue; it needs to be recognized and handled delicately.

It may be a good idea to give these established leaders an honorary or blue-ribbon role to encourage their sanction, endorsement, and support.

## PROVIDING LEADERSHIP

Usually leaders are leaders for two reasons: their vision for the cause and their ability to lead. In Asian/Pacific Island American communities, there also may be members of established institutions who consider themselves community leaders by virtue of their seniority, often exclusive of their actual competence. Sharing and rotating positions of power may be impossible without challenging the status quo. Therefore, it must be done without causing loss of face which is an important factor in Asian/Pacific Island culture.

Skillful use of formal and informal leadership is crucial in this situation. Formal leaders may be rigid and hard to work with, while trusted informal leaders—without portfolios but with rapport—may do more and be more effective in networking and facilitating ownership by members. The trust factor is more important than knowledge in Asian/Pacific Island American leadership; trust is built on past accomplishments and records. Sometimes more gets accomplished over a cup of tea or coffee than during a formal meeting.

## MAINTAINING THE MOMENTUM

Solutions to AOD problems will not come about overnight. There are many issues and groups in the community competing for attention, time, and money. Changes occur so fast that they cancel each other out in a few short weeks, sometimes days. Nevertheless, it is essential that all related issues be connected in a focused vision. For the Asian/Pacific Island American communities, this vision incorporates family, education, and children and their future. Progress will depend on the leaders chosen.

One key to maintaining momentum beyond the initial planning stage is to have a solid structure and process to institutionalize the group. It is important for the group to be affiliated with a legitimate institution, or the group can incorporate itself as a Government-registered charitable 501(c)(3) organization. It is important to reveal or even publicize the group's sources of financial support. Many people in these communities are very cautious and skeptical about "do-gooders" and their hidden agendas. After funding sources have been publicized, Asian/Pacific Island Americans are usually very receptive to new information and eager to learn. Again, trust plays an important role in maintaining the momentum.

## IMPLEMENTING ACTIVITIES

AOD use and abuse are not caused by a single factor. There is no one best solution or activity. All activities should be aimed at enhancing the resiliency of Asian/Pacific Island American children at high risk. Many immigrants and refugees are eager to learn and to adapt to their new environment. It is helpful to take advantage of their natural survival and coping instincts to get them involved in developing new life skills in creative, concrete ways. Concrete help should be provided if possible to meet all areas of need of families. Asian/Pacific Island American parents may be timid in asking for help, so it is important to encourage their desire to be included.

Asian/Pacific Island Americans may be hard to reach and may not take advantage of opportunities. Focus on concrete services, information, education, and welfare of their children. Avoid culturally sensitive pitfalls. Consider the differences among Asian/Pacific Island American subgroups during the design of appropriate prevention strategies and activities (see the overview presented earlier in this section).

## BUILDING RESOURCES

Asian/Pacific Island Americans aspire to having a broad financial base for community prevention efforts, but they usually do not. Groups use special events, fundraising, and in-kind services from friends and supporters in the community, but there is not enough expertise in public relations, nor enough access to corporations, foundations, and all levels of government. The newer Asian/Pacific Island American arrivals are in dire need of technical assistance. Experienced Asian/Pacific Island American consultants should be called upon to provide technical assistance and consultation. Funding agencies are recognizing this factor and the need to provide training to Asian/Pacific Island American care providers.

Because they are traditionally strong in raising money from special events and reinforcing their efforts with in-kind contributions, some groups have become careless in recording their finances. This is a particularly vulnerable area because accountability is an essential element for institutionalization.

## ASSESSING THE IMPACT OF PREVENTION EFFORTS

Assessment is an integral part of the planning process. A clearly defined mission statement that reflects the shared vision of the community effort is required. Goals and objectives that flow from this vision should be quantifiable; however, this is probably the weakest link in the community. As noted earlier, baseline data are virtually nonexistent, which makes planning and asking the right questions much more difficult.

Obviously, the assessment process requires a great deal of sensitivity and creativity. How does one set goals, measure goals, and define an appropriate approach? Asian/Pacific Island American communities need special training and technical assistance to strengthen this critical link in the community prevention system. Evaluation is an ongoing, dynamic process; it requires budgets and resources.

## DEVELOPING PARTNERSHIPS THROUGH COOPERATION, COORDINATION, AND COLLABORATION

No one community can solve AOD problems alone. In light of dwindling and competing resources, no one will have all the resources for exclusive use. Sharing resources, communicating with each other, cooperating in planning and implementation, and collaborating to reach mutual goals will become necessities. The Asian/Pacific Island American community wants to participate in attempting to help itself; however, it needs resources to accomplish this.

To minimize friction and barriers among different Asian/Pacific Island American groups and to develop trusting relationships, it is important to focus first on several of the lowest common denominators of the participating groups. Advocacy for equal access to technical assistance and resources and the need for community assessment and resource guides and training manuals provide common ground upon which to build trusting working relationships.

### SUMMARY

All the framework topics are part of an ongoing, dynamic process and are connected to one another. The technical thrust is for professional competence. The moral thrust is for inclusion, process, and ownership. The prescription for the future is interdependence and partnership. All these generic features must be tailormade for the particular challenges of each environment to be truly useful and culturally relevant. For the framework to be effective in Asian/Pacific Island American communities, professional competence and cultural sensitivity is required, as well as knowledge of all the cultural nuances that exist in these diverse cultures.

## USING THE COMMUNITY PREVENTION SYSTEM FRAMEWORK IN HISPANIC AND LATINO COMMUNITIES

The United States has the sixth largest Hispanic population in the world, and Hispanics constitute the youngest and fastest growing U.S. subpopulation. According to 1980 census data, 85 percent of Hispanics lived in metropolitan areas; as of 1983, compared to African Americans, Hispanics had higher median family incomes but earned less per hour; 73.8 percent of Hispanic youth have been placed in high school curricular tracks that make a college education improbable. Hispanics tend to have larger families than other Americans, and the annual purchasing power of Hispanics in the United States is approximately $70 billion (National Council of La Raza 1983).

California has the largest number of Hispanic residents, and New Mexico's Hispanic population is the largest ethnic group in that State (National Council of La Raza 1983). Puerto Ricans are U.S. citizens by birth and 40 percent of legal immigrants between 1961 and 1980 were Hispanic (National Council of La Raza 1983).

The Hispanic heritage in the United States can be traced by some families in the Southwest to the 16th century, while others have only lived in the United States 16 days. When applying the framework to Spanish-speaking communities, therefore, one must be careful not to assume that all Spanish-speaking communities are the same. This dynamic influences the development of the framework in the Hispanic community.

### HISPANIC PRIMARY VALUES

Although there is diversity within the Hispanic community, there are similarities that will frame the community as well. The primary values that influence Hispanic decisionmaking include extended family, clear family roles, work, loyalty, group interdependence, spirituality, and "personalism" (Lum 1986). These strengths of the Hispanic community contribute to their resiliency against alcohol and other drug (AOD) problems.

The preferred point of intervention in the Hispanic community is the family, which includes respect for family and defined family roles, preservation and maintenance of family traditions, and use of the concept of extended family to provide psychosocial support to the core family. Family roles include issues of hierarchy, gender, and governance.

A strong traditional work ethic in the Hispanic community is linked to identity formation, and this value is passed down from generation to generation in spite of acculturation. Loyalty is nurtured through history, family, and behavior.

The intangible characteristics of the Hispanic community are group interaction, spirituality, and personalism. These characteristics cause resonance among Hispanics in spite of regional or national differences. Personalism places priority on relationships rather than on individual needs: personal relationships are based on and foster trust, in contrast to relationships with a business or professional orientation, which are based on convenience, productivity, or the fulfillment of certain needs.

## DIFFERENCES AMONG HISPANICS

The term "Hispanic," derived from the name of the Iberian peninsula, Hispania, is often used to describe the people of Spain and Latin America. The U.S. Census Bureau now uses the term to refer to people whose origins are in a country where Spanish is the dominant language and it does not capture the entire history of Hispanics living in the United States. Most U.S. Hispanics are a mixture of Spanish and Indian or Spanish and African blood, and the term "Hispanic" promotes Eurocentric values without acknowledging other aspects of the heritage.

The correct term to identify the Hispanic community must be localized to the community with which one is working. Some communities self-identify as Hispanic, Mexican American, Borinqueno, Latino, Chicano, etc. Levels of acculturation influence self-identification and more than one name may be needed. Ignoring or dismissing this factor could show a lack of knowledge about the community and a lack of respect.

Language and symbols also must be localized. The Hispanic community comprises individuals from Spain, the Caribbean islands, Mexico, Central America, and Latin American countries with their own unique history, language, and world view. The Mexican form of the Spanish language differs from the Puerto Rican style, which differs from the Argentinian style. The best method for developing materials is to use focus groups from the target community to evaluate the appropriateness of the language and symbols.

Levels of acculturation and the degree of assimilation are critical issues when working with the Hispanic community. Some historical notes provide a context for this issue. Mexican Americans and Puerto Ricans, who constitute nearly three-fourths of all Latinos, have been on the American continent since before the English landed on Plymouth Rock. San Juan, Puerto Rico, is one of the oldest cities in the Americas, and cities such as El Paso, Santa Fe, and St. Augustine were inhabited by Hispanics long before the Plymouth Colony was founded.

Most Hispanics in Texas, Arizona, New Mexico, California, and parts of Colorado and Utah became U.S. citizens as a "conquered" people when Mexico ceded parts of its territories at the end of the Mexican-American War. They were guaranteed citizenship and protection of property and civil rights in the Treaty of Hidalgo. No such guarantees were provided Puerto Ricans by the Treaty of Paris, which added the colonies of Spain to the United States and made their populations wards of the U.S. Government. Puerto Ricans did not receive U.S. citizenship until 1917.

In short, the local Hispanic community's history, migration patterns, class definitions, and socioeconomic development must be considered.

## INITIATING A COMMUNITYWIDE PREVENTION EFFORT

In attitude surveys of Hispanics, the two most frequently identified problems to Hispanics nationwide are education and employment. Forty-five percent of Mexican Americans and Puerto Ricans who enter high school never finish; 40 percent of all Hispanic students who leave school do so before reaching the 10th grade; and more than of Latinos entering college drop out within 4 years.

In 1982, Hispanic women had the lowest median annual income and between 1978 and 1982, the percentage of Hispanic families living below the Federal poverty level increased from about 22 percent to about 30 percent. Only 10 voting members of Congress are Hispanic.

When initiating a community prevention system in a Hispanic or Latino community, it is most important to spend time on where AOD problems fall within the community agenda and on how to frame AOD problems within that agenda.

## DEFINING AOD PROBLEMS

A near-void in national data about the health status and the health care system use rates and practices of Hispanics exists. Today only limited data are available on Hispanic health status. Missing are basic epidemiological data on Hispanics and research to identify health care models that will work for Hispanics. Hispanics have not been involved at the problem-definition, policy-making, and program-implementation levels.

Although the 1982 Hispanic Health and Nutrition Examination Survey reports that alcohol abuse rates appear higher among Hispanics than among the general population, and drug abuse rates appear higher among Hispanic men than among males in the general population, "abuse" will continue to be a point of discussion until the Hispanic community is able to participate in the definition of "abuse" in a cultural context.

Research demonstrates that children socialized in Mexico have lower rates of use than children socialized in the United States. The question is why? Recent immigrant parents may not recognize AOD use because they are not familiar with the *phenomenon* of AOD use by children.

When initiating the community framework, you should conduct a formative evaluation to gather from the community its definition of appropriate and inappropriate use of alcohol. This process of social policy development enables the Hispanic community to recognize and self-monitor its behavior, its environment, and the appropriate interventions.

Using local crime, treatment, and school data may hamper rather than encourage the process. An appropriate use of this information may first require critical analysis by the community of issues of perceived institutional racism, lack of access or participation, and unmet needs of the Hispanic community.

## GETTING THINGS STARTED

Implementing the community framework in the Hispanic community requires a familiarity with the local community and its differences. Rather than one plan for the entire Hispanic community, prevention practitioners may want to consider various efforts. Churches, neighborhoods, schools, associations, clubs, or businesses may become focal points from which to organize. Commonality within this group facilitates the process while diversity among all the efforts captures a sense of extended family and community defined as "respeto y hermandad."

Practitioners should look for balanced leadership to include men and women, elders and youth, professional and para-professionals, and religious and lay people. Wherever possible tasks need to be delineated in terms of outcome and time commitment.

What are the indicators that you are on the right track? These are some questions you might ask:

- Does the group feel everyone who should be involved is present?
- Does the group keep coming back?
- Is the group beginning to generalize the experience beyond what happens during the meeting (e.g., at home, at work, during social gatherings)?
- Can the group express the perceived benefits for the community at large?

The decisionmaking process within the Hispanic community may appear to be unilateral. Deference is usually based on respect, intuition, a sense of wisdom, or hierarchy and power. The group's behavior will indicate from what end of the spectrum they are operating. Familial and group interaction are fundamental in the Hispanic community. More value is placed on *how* one acts than on *why* one acts a certain way. Of critical importance will be how the decisionmaking and conflict resolution processes conflict with those of the facilitator and the facilitator's ability to recognize a healthy process without imposing his or her own cultural biases.

Verbal and nonverbal communication styles are also an important element. Although some elements of the Hispanic community are very tolerant of "pochismo" (a form of Americanized Spanish), others are not. Some kiss on the cheek to greet; others hug or just give a handshake. If you are unsure, get your cue from members of the Hispanic community as to etiquette; always greet elders first.

## SUMMARY

The Hispanic community is bound by common history, language, primary values, and minority status in the United States. The Hispanic culture goes beyond folkloric customs of dance, music, and foods. The indigenous civilizations of the Americas are to be respected for their contributions to science, the arts, and philosophy. Even with the Spanish colonization of the Americas, great strides were made before the British and Northern European presence began to change the face of the continents. At least 10 Spanish universities were chartered and opened for instruction before a single college in the English tradition appeared.

But like all other members of society in the United States, the Hispanic community is also plagued by AOD problems. The development of a comprehensive prevention system framework in the Hispanic communities is necessary to prevent AOD abuse by using the strengths and resiliency afforded by those communities. The preservation of the Hispanic community is wedded to its commitment to family and to its identity formed by the level of health attainable with the absence of AOD abuse.

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# Chapter 10: Conclusion

The themes of community empowerment, cultural competency, and inclusion have been repeated throughout this framework. For these recommended processes to be turned into effective community action, however, one more ingredient is needed: personal commitment—a commitment to dream and a commitment to act.

Many people are speaking of a readiness that is present today at the local, State, and Federal levels. They say we are facing a window of opportunity. To take advantage of this opportunity and to be successful in prevention, we must reach all systems and all people. Recommended processes for prevention system development have been outlined. On a personal, organizational, local, State, and national level, we are challenged to commit to

- Behave in ways that acknowledge our interdependence
- Share resources and credit
- Have patience and stay for the long haul

OSAP recognizes that this framework is just a beginning. As more and more communities develop prevention systems, we will continue to learn, to share ideas, and to help each other as we build a healthier world—the future by design.

*A vision without a task is but a dream,*
*A task without a vision is drudgery,*
*A vision and a task are the hope of the world.*
*—From a church in Sussex, England, c. 1730*

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# Appendix A: Summary of Data

## THE COMMUNITY SURVEY

The following summaries present selected findings from the nationwide survey of community prevention efforts. The survey consisted of telephone interviews with 105 individuals involved in community prevention efforts in 26 targeted communities. Respondents were drawn from all segments of the community: schools, parent groups, business and grass-roots organizations, and government agencies.

Community prevention efforts were identified in such a way as to maximize diversity in geographical location, target population, length of time in existence, and characteristics (for example, ethnic makeup, type of government, demographics) of the community. The names of contact persons in each nominated community were gathered from numerous sources and then they were called. Each contact person was asked a brief set of questions about the community effort and was then asked for the names of up to five other people who could discuss the effort, each from a different perspective. Each of these persons was contacted and asked the same set of questions. Approximately 50 communities were surveyed in this manner. The final set of 26 was selected to capture the broadest range of community prevention efforts. Trained interviewers then contacted five respondents in each of the 26 communities—each chosen to reflect a wide variety of viewpoints—and administered an hour-long questionnaire. (A sample of the questionnaire is included at the end of app. A.) The summary that follows is based on the hour-long interviews, as well as on the insights and judgments of the interviewers who conducted them.

The interviews were open ended; respondents were asked to answer and provide commentary on the topics in the survey questionnaire. These free-format responses were subsequently coded into a series of discrete categories for tabulation in the following report. Further analyses will be presented in a final report on the survey results.

When one interprets the tabulated characterizations of community efforts, it is important to remember that they are based on the perceptions of several respondents. In complex, multiorganizational efforts, it is inevitable that individual perceptions of the program will not be identical. In most cases, however, program characterizations reflect the predominant view of the respondents in a given community.

These findings reflect the perceptions of people close to community programs. They are grass-roots reflections in a true sense.

## TOPIC 1: INITIATING A COMMUNITYWIDE PREVENTION EFFORT

A large part of the survey asked about the steps and activities associated with initiating a communitywide prevention effort. Community involvement, planning process, developing a framework for action, and support for the effort are all critical issues in the successful development of the communitywide prevention effort.

### STARTUP

A number of the community efforts have been in existence for many years: 5 (19 percent of the communities interviewed) were established before 1981; 10 (38 percent) between 1981 and 1985; and 7 (30 percent) since 1986.

The reasons given for starting a community prevention effort were varied and rarely the result of a single factor, event, or person. Almost all of the community participants indicated that the process was a natural outgrowth of a feeling that "something needed to be done" to address the AOD problem in the community. In half of these cases, a triggering event (e.g., a death resulting from driving under the influence of alcohol or other drugs) pushed the process. At the individual level, a number of respondents indicated that a personal awareness and growing concern motivated them to participate in the effort. In many cases, these individuals also acknowledged that the community capacity to respond was present, making personal involvement more rewarding.

In almost all of the communities (85 percent), school-age youth (kindergarten through 12th grade) were defined as the initial population targeted for the prevention messages. Youth at high risk (e.g., dropouts, those arrested by the police) were the focus of efforts in 39 percent of the communities. The total community was cited in 46 percent of the cases; parents were mentioned in 23 percent, and school officials and teachers mentioned in 19 percent.

### COMMUNITY DEFINED

The concept of communitywide prevention implies a broad effort. The way in which "community" is defined has important implications for the diversity and organization of this effort. Among survey respondents there was little consensus on just how the community was defined for their effort. Community can involve geographic boundaries, government or legal boundaries, demographic considerations, or organizational or special group involvement. For the survey, the most common response was to refer to government boundaries (e.g., a county), which indicates that government units are a convenient common reference for community efforts.

### INITIAL LEADERSHIP

There was considerably more uniformity concerning the groups and organizations involved in the initial effort. School system participation dominated the effort: in 18 (69 percent) of the communities, representatives from the school system led the initial planning effort. Government officials (at the local, county, or State level) were active in 16 (62 percent) of the communities. Justice system agencies played a role in 13 (50 percent) communities. Business organizations, public agencies, treatment program personnel, and people from private, nonprofit organizations were initially involved in 39 percent of the community efforts. Grassroots organizations, parent groups such as parent-teacher associations, and civic groups were mentioned less frequently (35 percent). Typically, youth were not involved in the early stages (mentioned in only 27 percent), and religious groups, the media, and minority groups were cited even less frequently.

When interviewees were asked what the groups offered, they mentioned the following contributions:

- Development of a broad-based, formal organization (e.g., a task force) in 69 percent of the communities
- Mobilization of specific community segments in 46 percent of the communities
- Recruitment of other activists to enlarge the core group of initiators, development of an informal network of supporters, and training of community members—each mentioned in 42 percent of the communities

## PLANNING AND NETWORKING

Formal planning was conducted at the initial stage of the effort in nearly all of the communities (85 percent), most typically at a small meeting of core supporters (58 percent). Formal goals and objectives were usually written (73 percent) for the purpose of submitting a funding proposal or to meet an internal organizational need (each mentioned in 69 percent of the communities). In 58 percent of the communities, there was a formal timetable. Early planning efforts were described as successful in 85 percent of the communities.

## TOPIC 2: CURRENT LEADERSHIP

A major issue in communitywide prevention efforts is leadership: how important it is, where leaders come from, and how they emerge. As a prevention effort develops beyond the initial stage, there may be a change in the source of its leadership. Perhaps the talents necessary to nurture a budding community effort are different from those required to sustain it. Although the survey did not closely probe leadership styles, it did ask about the community segments from which current leaders are drawn.

The composition of current leadership mirrors leadership composition at the start of the effort. Persons drawn from school systems and government agencies are most frequently mentioned (in 96 percent and 81 percent of the communities, respectively), followed by persons representing the justice system (69 percent) and people from civic organizations (65 percent). Interestingly, almost all segments of the community were mentioned more frequently as providing leaders now than in the initial stages. This suggests that many of these prevention efforts truly became communitywide as they developed.

The nature of leaders' activities across the country became more similar; the most frequent mention was of both general community mobilization (58 percent) and mobilization of specific community segments (50 percent). In 81 percent of the communities, the current leadership was credited with mobilizing resources (such as fundraising), while in 73 percent professional labor was provided (for example, a nurse wrote a brochure and a radio station owner used air time to generate support for the prevention effort). Mention of other roles also increased, suggesting that leaders come to play more diverse roles.

## TOPIC 3: MAINTAINING THE MOMENTUM

Once past the initial stages, participants in a communitywide prevention effort must find ways to maintain the momentum. They must also keep the people involved feeling optimistic about the chances of reducing alcohol and other drug use in their community. The telephone survey inquired about notable events that furthered the prevention effort, about failures, and about efforts to maintain the commitment of individuals.

### NOTABLE EVENTS

As noted in the topic 1 summary, community prevention efforts were rarely precipitated by a single factor, event, or person. Instead, they grew out of a general awareness that something had to be done. Notable events occurred, however, that stimulated the effort's development, and in 50 percent of the cases, a key individual was involved. Notable persons contributing to ongoing success were based most frequently in school systems.

### FAILURES

Almost all of the community efforts had experienced some failure (81 percent). The most frequently mentioned type of failure was the inability to mobilize outside groups (50 percent). Lack of funding and lack of knowledge about how to proceed were also commonly cited (in 35 percent of the communities).

### MAINTAINING COMMITMENT

We asked how much success existed in maintaining the commitment and enthusiasm of participants. In most communities, respondents said that they had experienced "much" or "moderate" success (85 percent). An array of specific efforts was used to maintain the commitment of those involved in the prevention effort. Some successful strategies were directed at the individuals, including training and education (77 percent); meetings, conferences, and retreats (65 percent); and awards, certificates, and other symbols of appreciation (42 percent). Another strategy mentioned frequently was showing signs of success through the generation of wider community support (in 69 percent of the cases) and success on sponsoring activities.

All of the communities rely on meetings as a form of regular communication, to keep participants current, and as a means of organization. Telephone contact and informal communication were mentioned in 73 percent of the cases; announcements in the media and newsletters were cited less frequently (58 and 54 percent, respectively).

## TOPIC 4: PREVENTION ACTIVITIES

The 26 communities that participated in the survey utilized a broad array of prevention activities and strategies; the majority reported using three or four different strategies. The following ones were the most frequently mentioned:

- Speakers, motivational presentations, and public forums (65 percent)
- Teacher and school staff training (62 percent)
- Implementation of school-based curriculum (62 percent)
- Consciousness-raising events for teens (62 percent)
- Drug-free events for teens (54 percent)
- Project DARE (50 percent)
- Education efforts directed at parents, senior citizens, and civic and business groups (46 percent)
- Youth conferences (42 percent)
- Media campaigns and general awareness efforts (42 percent)
- Community planning workshops (42 percent)

Overall, the majority of the community prevention efforts were oriented toward increasing awareness of drug and alcohol problems through education, training, and information dissemination efforts and providing alternative programming and services for the youth in the community.

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## TOPIC 5: ACQUIRING RESOURCES FOR SURVIVAL

A primary focus of the survey was to determine how the community-based efforts were able to sustain themselves. Specifically, we were interested in the role of fundraising in program survival, in the use of volunteers, and in how training and technical assistance were used to assist the planning and implementation effort.

### FUNDRAISING

All 26 communities were involved in one or more fundraising efforts. The following were the most frequently reported sources of funds:

- State, county, or local funds (69 percent)
- Fundraising for specific activities (65 percent)
- Federal grants (58 percent)
- Contributions from local businesses or business organizations (54 percent)

Communities used multiple approaches to raise funds. About half of the communities reported using four or five approaches, and none reported relying on only one source. In about half of the communities (42 percent), all of the resources must be located every year. In very few (8 percent) the resources were described as ongoing, permitting attention to be directed to other aspects of the prevention efforts.

In the majority of communities (85 percent), fundraising was described as successful; only four communities indicated that fundraising efforts had met with little success. Many community efforts relied on one group to conduct the fundraising (42 percent), while some efforts relied on only one person (19 percent) or a few people (23 percent).

### USE OF VOLUNTEERS

The use of volunteers to assist in prevention planning and implementation was noted in nearly all (96 percent) of the 26 communities. Most efforts relied on a mix of volunteers and paid staff (77 percent). The volunteers served three major functions:

- To mobilize specific segments of the community
- To obtain needed resources
- To provide professional labor

Recruitment and retention are two major aspects of any successful volunteer effort. The community respondents indicated that volunteers were often brought into the effort through word-of-mouth recruitment (81 percent) or direct invitation (46 percent)

## TRAINING

Training was conducted in 25 of the 26 communities (96 percent). The most frequently mentioned types of training were

- Prevention education for school staff (58 percent)
- Prevention education for parents (50 percent)
- Prevention education for teens (50 percent)
- Basic education on alcohol and other drug use for the general public (50 percent)

In the majority of communities (77 percent), the training was described as very successful or moderately so.

## TECHNICAL ASSISTANCE

Technical assistance is another support mechanism. Most of the community efforts (77 percent) had sought technical assistance from outside sources; typically, it involved training for the initial leadership or task force members (69 percent) and for motivational speakers (54 percent).

In summary, the survey indicates that the communities actively sought funding, made use of volunteers, and implemented training and technical assistance to facilitate and assist in their prevention planning and implementation.

# TOPIC 6: ASSESSMENT—KNOWING THE IMPACT OF PREVENTION EFFORTS

The measure of success is often elusive in the prevention field. Because prevention is a long-term goal, many programs have not incorporated an evaluation plan. Our survey included several questions about success, but they were related to implementing and maintaining community-based prevention efforts, and did not focus on the effect these efforts may or may not have had in preventing alcohol and other drug use.

Respondents were asked what they considered to be their most important accomplishments to date. Their responses were as follows:

- The extent of general awareness in the community about alcohol and other drug use problems (in 62 percent of the communities)
- The establishment of a coordinated effort (58 percent)
- The number and type of organizations involved in the prevention effort (46 percent)
- The quality of communication and networking established (39 percent)

Most community efforts were described as very successful (58 percent) or moderately successful (27 percent) in achieving their objectives.

## TOPIC 7: RESOURCES, COORDINATION, AND PARTNERSHIPS

"Communitywide" implies that a prevention effort involves diverse organizations from different segments of the community. Some of the organizations may have little experience cooperating, let alone coordinating their activities with each other. An important question is whether alcohol and other drug use prevention is seen as such a need that inexperience, hesitancy, and even past rivalries can be overcome.

Overall, in 24 of the 26 (92 percent) communities, the growth and responsibility for prevention activities depended on a mix of grass-roots organizations and more centralized entities, such as public agencies, school systems, and nonprofit organizations.

In most of the communities (85 percent), there were notable examples of cooperation among organizations. In only four (15 percent) communities did one or more respondents say that there was no cooperation. Cooperation was apparent in the following types of activities:

- Sharing facilities and physical resources (85 percent)
- Training and human resources (85 percent)
- Offering community programs (69 percent)
- Funding (62 percent)
- Promotion (42 percent)
- Conferences and meetings (35 percent)

The first set of questions probing disagreements among organizations focused on the initial stage of the prevention effort. In 23 of the communities at least one participant reported noticeable disagreements among the organizations initially involved. The issues tended to be priorities for action and which organization would take the lead or get the credit.

The survey asked whether any organizations currently involved had been uncooperative. In only five (19 percent) communities did all respondents say no. In the other 21 (81 percent), at least one participant said cooperation had been lacking. The lack of cooperation was attributed to the following causes:

- Turf fights and rivalries (42 percent)
- Philosophical differences (42 percent)
- Lack of awareness of problems or denial (42 percent)
- Money (35 percent)
- Vested interest in the status quo (23 percent)

## LIST OF THE 26 COMMUNITIES SURVEYED

Alameda County, California
Anne Arundel County, Maryland
Baton Rouge, Louisiana
*Bend, Oregon
*Bridgeport, Connecticut
*Burlington, Iowa
*Butte, Montana
Chisago County, Minnesota
*Dade County, Florida
Del Rio, Texas
Dotham, Alabama
Grand County, Colorado
Greenville, South Carolina
Hampton, Virginia
*Kansas City, Missouri
Little Rock, Arkansas
McCurtain County, Oklahoma
Muncie, Indiana
Outagamie County, Wisconsin
Pierce County, Washington
Princeton, Illinois
Saco and Skowhegan, Maine
Salt Lake County, Utah
Shasta County, California
South Charleston, West Virginia
St. Croix, Virgin Islands

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*Communities that received site visits.

## Community Prevention Survey

Person's Name: ______________________________________________
Organization: ______________________________________________
Telephone Number: ___________________________________________
Community and State: _________________________________________

Hello, ________________, my name is ______________________________ and I work for a company called The Circle, Inc., located in the Washington, D.C., area. We're doing a survey funded by the Office for Substance Abuse Prevention, an agency of the U.S. Department of Health and Human Services.

Your community is one of 30 that have been selected to participate in a study examining alcohol and other drug abuse prevention efforts across the Nation. Your name has been given to me as a leader in a community prevention effort known as ________________. I would like to tell you more about our study and ask you some questions about the prevention effort so we may assist other communities interested in establishing effective prevention efforts. My questions will take about 1 hour. Is this a convenient time for us to talk, or shall I call back at a later time:

IF LATER: Shall I call you at this same telephone number?

APPOINTMENT SET: ____________________________________________
(date) (time) (phone)

The study is particularly concerned with prevention efforts that involve a variety of persons and organizations both public and private. If we are to produce useful lessons for future prevention efforts, it is crucial that you be candid about both successes and problems in your experience with prevention.

The interview will include several major topic areas. First, we will ask about your own experience and how you got involved in prevention activities. Other questions will cover the organizations and persons involved in your prevention effort, how it was initiated and how it has grown, and your perception of successes and difficulties that have been experienced in your community prevention efforts.

1. Please tell me about your personal involvement in the community prevention effort. How and why did you first become involved in prevention work?

2. What is your current role in community prevention? Is it a professional role, or are you a volunteer?

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3. What things do you wish you could do more effectively?

4. What have been the most rewarding experiences for you in your prevention work?

5. What have been the greatest disappointments in your prevention work?

6. The next set of questions concerns the people, organizations, and activities in your community. What do you feel are the most important causes of alcohol and other drug-related *problems* in your community?

7. We realize that prevention activities change over time. Please identify those organizations, formal or informal, that are *currently* important actors in prevention activities in your community. Generally, what type of prevention activities are carried out in each organization?

| ORGANIZATION | ACTIVITIES |
|---|---|

8. Community prevention efforts are more than a collection of organizations and their activities. Are there a few individuals that you consider important for your community prevention efforts? If so, please identify their organization and explain their contribution.

| INDIVIDUAL | ORGANIZATION | CONTRIBUTION |
|---|---|---|

9. Are there organizations in the community that have not been cooperative? If so, please explain what the problems have been.

10. The following questions will ask you to think back about the initiation of communitywide prevention efforts. First, what were the events or issues that contributed most to the initiation or prevention efforts in your community? Was there some watershed event or issue, or was the initiation process gradual? When would you say the effort began?

11. What group(s) or individual(s) assumed leadership in the early stages of development of your community prevention efforts? What did they do?

12. Was there a coordinated planning or networking effort? If so, please explain how it was organized. Who initiated the organized effort? What form did it take (e.g., advisory committee, planning group)? Who were the participants?

13. Were there notable disagreements among particular groups or individuals? If so, what were the issues? Were they resolved? How were they resolved, if at all?

14. Initially, were goals and objectives written? Was there a formal timetable for the prevention effort? How successful do you consider these early planning activities to have been? Why?

15. For purposes of the prevention effort, was there a clear understanding of the definition of "the community"? If so, what was this definition? What locales and groups were included? Were specific populations targeted? If not, has this lack of focus been a problem for your prevention effort?

16. The next questions focus on the development of your prevention efforts. Are there any notable events or persons that you would identify as important to furthering or stimulating your efforts? What spurred you on?

17. As your efforts developed, were there notable failures, points at which your efforts seemed to be frustrated? If so, explain the situation(s). What was done to put your efforts back on track?

18. As your prevention efforts developed, have the growth and responsibility for prevention activities primarily relied on established organizations (such as health organizations, public agencies, schools, or established nonprofits), or have they primarily relied on grass-roots organizations and activities, or has it been a mix? Please explain.

19. Do you believe the mix of established organizations and grass-roots efforts has been appropriate in your community? Please explain.

20. Now we'd like to ask you about cooperation among organizations. As your community prevention efforts have developed, are there notable examples of how organizations have helped one another to carry out prevention activities? Have they, for example, shared facilities, coordinated activities, provided training or other assistance, or cooperated in other ways? If so, please explain.

21. In your opinion, how successful has your community prevention effort been at maintaining the commitment and enthusiasm of participants? Have there been specific efforts to maintain commitment? If so, what were they?

22. The next set of questions deals with resources. How has your community prevention effort raised and maintained resources? What have been the major sources of funding? What other important sources of support have been used in your efforts? Are any of these resources ongoing, or must new resources be found every year?

23. To what extent have efforts to raise resources been centralized or coordinated in the overall prevention effort?

24. How successful have efforts to raise resources been? What have been the most successful approaches?

25. How have volunteers been involved in your prevention efforts? How have they been recruited and retained?

26. Have training resources been brought in to assist organizations or groups involved in your prevention efforts? What have they done, and how successful have they been?

27. Has there been any additional technical assistance provided by outside organizations? If so, please explain.

28. What regular forms of communication and interaction have been maintained within the prevention effort? How successful have they been? What are the major benefits?

29. Do you feel there has been a need for more or improved activities in any of these areas? If so, please explain.

30. What would you consider to be the most important accomplishments of your community prevention efforts to date? Please explain why you would select these particular accomplishments.

31. How successful has your effort been in realizing its objectives, both short- and long-term? Please explain.

32. What would you consider to be the biggest problems your efforts have confronted? Have they been overcome? Please explain.

33. Who are the most important and enthusiastic supporters of prevention efforts in the community? Why are they so supportive?

34. Who are the most important and vocal critics of prevention efforts? What are their criticisms?

35. What are the prospects for expanding and improving prevention efforts in your community in the future?

36. What factors would you consider to be most positive concerning the future of prevention in your community?

37. What would be the most negative factors?

38. Is there anything further you would like to tell us about prevention efforts in your community? Are there any additional lessons or cautions that you feel would be helpful to people undertaking similar efforts in other communities?

39. Finally, I have a few questions about your community.

a. Would you describe the community's problems with alcohol and other drug abuse as

_______ minimal?

_______ moderate?

_______ significant?

_______ critical?

b. Would you describe the community as having

_______ less than 50,000 population,

_______ 50,000 to 100,000 population?

_______ over 100,000 population?

c. Is it

_______ urban?

_______ suburban?

_______ rural?

d. Would you say the community is primarily

_______ poor?

_______ working class?

_______ middle class?

_______ upper middle class?

e. Please describe the ethnic composition of the community.

Thank you for your time, your cooperation, and your valuable insights!

# Appendix B: Community Profiles

## CORNERSTONE: LITTLE ROCK, AR

Little Rock, the State capital of Arkansas, is in the center of Arkansas and has a population of more than 182,000. Cornerstone is located here; it is a model center, based on the healthy family concept. It represents a coordinated effort of community organizations to help disadvantaged youth in targeted, at-risk neighborhoods.

Various agencies provide health, social, employment, and recreational services and activities at Cornerstone. The needs of youth, families, and neighborhoods can be met at the center. Cornerstone has access to all agencies. Services address delinquency, academic failure, health problems, mental health problems, recreational needs, social needs, creative expression, and job training and career development.

The center is funded through local agencies, matching grants, and in-kind services. Its goal is to replicate its concept in other neighborhoods through a grass-roots approach. There is a strong feeling that neighborhoods must develop ownership of solutions to their problems.

Community-based organizations, business and civic organizations, public agencies, and schools have been key participants in the founding and operation of Cornerstone. The successful operation of a model center and coordination of services are the program's major accomplishments.

*Colloquium participants:*

Dennis Beavers
Linda Brown
Betty Herron
Richard Livingston
Freeman McKindra
Becky McMath
Bobby Parker
Max Snowden

## GRAND COUNTY RESOURCES FOR YOUTH:
## GRAND COUNTY, CO

Grand County, located northeast of Denver, is a geographically diverse county. The western section is a rural ranching area; the eastern part is more metropolitan.

The targeted population of the Grand County prevention program is youth. The program's goals encompass three areas: (1) increased public awareness, (2) public education (such as introducing new curriculum and teaching modules into the schools), and (3) enforcement. The focus is to provide alternative activities for young people.

The prevention effort in Grand County began in 1983, when the sheriff's department initiated a tough DUI enforcement policy in response to a tragic accident. A group of concerned people from many segments of the community—law enforcement agencies, schools, parents, churches—wrote an ADAD grant against alcohol-impaired driving and formed the Grand County Task Force Against Drunk Driving. The grant was used to conduct a survey on community attitudes, from which evolved the Grand County Resources for Youth, a grass-roots, nonprofit organization.

In 1988, a meeting was called at which 60 to 70 key members of the community gathered to offer support and ideas for a prevention effort. An action plan was established.

The prevention effort is almost entirely composed of dedicated volunteers, with the exception of a paid, part-time youth coordinator. Funding is provided through grants, donations, and the State of Colorado.

Important accomplishments have been prevention work in the schools, providing more drug-free alternatives for youth, maintaining a strong volunteer force, sending youth from high-risk environments to State-sponsored trainings, and increasing the awareness of the entire community.

*Colloquium participants:*

Patrick Brower
Houston "Huck" Henderson
Joy Henderson
Patty Laflin
Rebecca McBride
Robb Neely
Virginia Winter
Michael Wirsing

## PREVENTION NETWORK:
## DADE COUNTY, FL

Dade County, FL, comprises 26 municipalities, including the cities of Miami, Miami Beach, Coral Gables, and Hialeah. The county has more than 2 million residents and takes pride in the rich culture its unique, ethnically diverse population has created in South Florida.

In 1980, Dade County's centralized funding system broke down as a result of problems with Federal block grants. Competition for funds erupted among prevention agencies, with each agency setting its own goals and direction. Previously, many programs had been funded through the University of Miami and the Florida Health and Rehabilitative Services (HRS) Agency. In 1989, the local HRS district office invited all licensed prevention programs in Dade County to join in the creation of a prevention network.

A January meeting was attended by the licensed prevention programs, OSAC, HRS, Dade County Public Schools, Dade County Police Department, Crime Watch, and the Miami Coalition. At this meeting a Prevention Advisory Council was created. The purpose of the council is to provide an opportunity to share ideas and expertise and to eliminate barriers that keep agencies from working together. Council membership includes licensed and unlicensed groups.

The major organizations working to establish a coordinated prevention effort are OSAC, HRS, the Miami Coalition, and the Switchboard of Miami. HRS is a licensing agency, interested in a unified prevention approach. The Miami Coalition is composed of business and community leaders and is committed to turning the tide of AOD abuse in Dade County. The coalition has the resources, the influence, and the leadership to gain the cooperation of various community segments to solve this problem. The Switchboard is a multiservice hotline and counseling center. One of its goals is to develop a resource center that will update information on available prevention services and serve as a link between service providers and individuals and groups in Dade County.

Dade County Prevention Network has established as its goal the improved coordination of prevention services. Through the network's committees on staff and community training, coordination and development of grants, advocacy, and public relations, this goal is being accomplished.

*Colloquium participants:*

Tyrone Backers
Willie Brown
Bruce Edgerly
James Mennas
June Moran
Larry Mendoza
Peggy Sapp
Samuel Williams
Raul Martinez

# GREAT RIVER ALCOHOL AND DRUG EDUCATION ALLIANCE (GRADE A+): BURLINGTON, IA

Burlington is located in the southeasternmost tip of Iowa, along the Mississippi River. Its population is about 28,000.

GRADE A+ consists of a 30-member task force representing families, youth, schools, churches, the city council, businesses, labor, law enforcement, the courts, the media, and treatment and aftercare programs. The task force is sponsored by the chamber of commerce and was the recipient of a Federal ACTION grant in February 1989.

The long-term goal of GRADE A+ is to raise the awareness of the community and task force members through education and training. The final stages of the project involve changing social policy so that a preventive climate exists in which children, youth, and families have the opportunity to develop in healthy ways and to make responsible and informed choices about the use of alcohol and other drugs. Four community intervention trainers have received training focusing on the following social units: self, family, business, and community.

The major accomplishments of GRADE A+ have been the receipt of the grant and the sponsorship of the chamber of commerce; community training and town meetings; and the sense of pride, cooperation, and common purpose felt by participants.

*Colloquium participants:*

Tony Burton
Mel Davis
Diane Fulknier
Sandy Krell-Andre
Donna McCaw
Bill Mertens
Joseph Pacha

## I CARE:
## BATON ROUGE, LA

Baton Rouge, the capital of Louisiana, is located in the southern part of the State and has a population of almost a quarter million.

In 1981, although previous prevention programs were already in place, the district attorney, a family court judge, and other community leaders urged the school system to take more aggressive action against mounting alcohol and other drug use (AOD) problems. An advisory council representing a number of agencies and organizations was formed to advise the school board. The result was the Alcohol and Drug Abuse Prevention Program (ADAPP), now called I CARE. The I CARE designation originated from a 1-week multimedia campaign for community awareness.

I CARE, a school-based prevention effort, was developed to determine student use of alcohol and other drugs, to establish a referral system for those using alcohol or drugs, and to introduce new alcohol and other drug prevention curriculums in the private and public schools.

An advisory board—with representatives from parent groups, grass-roots organizations, schools, treatment centers, hospitals, the media, the business community, service clubs, and the legal community—provides community ownership of AOD problems and acts as the coordinating body for activities and programs. The I CARE program has 19 full-time positions with responsibilities in the areas of organizing, grant writing, and communications.

Initially, the community provided local funds for the prevention efforts. In May 1987, a one-half million-dollar property tax increase was placed on the ballot and passed; the revenue will support I CARE until 1992. Additional limited funding comes from the Drug-Free Schools and Communities Act of 1986 and from grants.

Major accomplishments of the I CARE program include 9 years of service, the development and implementation of school curriculums, and the establishment of a successful counseling and referral process in the schools.

*Colloquium participants:*

B. J. Daily
Patrick Kennedy
Jewel Newman
Bill Noonan
Bunny Purvis
Mary Ann Robbins
Virginia Ventress
Kelly Scott Walker

## UNDER ONE ROOF: CHISAGO COUNTY, MN

Chisago County, MN, is a small community of about 30,000 residents outside Minneapolis. The community-based prevention effort Under One Roof was started here in the fall of 1987 by the County School Coalition and the Hazelden Foundation. The program, originally targeted at students, has grown to encompass the whole population.

Key groups involved in the task force prevention efforts are the Hazelden Foundation, schools, law enforcement agencies, Public Health Nursing Services, parent organizations, and student leaders. Civic organizations make donations and other community-based organizations are involved in countywide efforts through collaborative action and staff participation in prevention activities. Churches have established chemical-health committees and sponsor chemical-free activities for youth and adults.

The County School Coalition is funded by a Drug-Free Schools and Communities Grant; the Hazelden Foundation is partly funded by the Minnesota State Planning Agency on behalf of the Chisago County prevention effort. The goal was to create a model program that addressed the needs of rural community youth to promote healthy lifestyles among all young people.

Several communities have been involved in the development of student assistance teams, curriculum development, parent communication networks, programs in which high school leaders work with elementary and middle school students, and chemical-free awareness activities.

*Colloquium participants:*

Martha Arnold
Peter Eikren
Martha Harding
Carol Ann Johnson

David Ninnemann
Barbara Piehl
Linda Rambow
Dennis Thorsen

# CITIZENS FOR CHEMICAL AWARENESS: BUTTE, MT

In 1984, two Butte teenagers were killed while driving under the influence of alcohol. A juvenile probation officer who wanted others to learn from this experience arranged for the production of the film "A Time of Our Lives." The officer had gone through community intervention training in Minneapolis in 1983 and was interested in raising the awareness of the community and of teenagers about alcohol and other drug use.

Citizens for Chemical Awareness (the adult coordinating organization) and Better Than Ever Students Together (the student organization) participate in prevention efforts in Butte. The prevention network consists of 50 to 60 individuals and an executive committee. Members from many segments of the community (which has a population of about 34,000) are involved in prevention planning and in active leadership roles. City and county governments, schools, law enforcement agencies, businesses, community-based organizations, and parent and student groups are represented.

Major accomplishments of the prevention effort in Butte are prevention training for adults and students and sponsorship of camps and chemical-free activities for teens. A Statewide conference for teachers, youth and family workers, parents, and students was also sponsored.

*Colloquium participants:*

Robert Butorovich
Joan Cassidy
Marcus Courtney
Ed Heard
Mark Lucich
Rosemary Rawls
Margie Thompson
Jane Wright

## McCURTAIN COUNTY AWARENESS, RESPONSIBILITY, ESTEEM (McCARE): McCURTAIN COUNTY, OK

McCurtain County, with a population of about 37,000, is located in a poor, rural, densely forested area of Oklahoma where moonshining was at one time prevalent. Growing marijuana and setting up amphetamine labs have now replaced that practice. The community attitude and the geography present a challenge to any type of prevention effort. The goals of McCARE are to establish community teams, to place a community coordinator in each of the 15 communities, to determine needs, to set goals, and to develop action plans for the communities. Because schools are a large, key system within each community, students are the targeted population.

Key participants in this prevention effort have been the County Superintendent's Office, schools, and parents. The community teams include parents, educators, and health service providers and are sponsored by churches, businesses, and law enforcement agencies.

Major accomplishments for this prevention effort have been the County Challenge, a workshop at which 250 people met to lay the groundwork for countywide prevention efforts, and a Red Ribbon Week. A measure of Red Ribbon Week's effectiveness was the reaction of one county judge: the judge refused to hear drug-related cases during that week because he felt that juries would be biased.

*Colloquium participants:*

Manny Brandt
Donald Burris
Homer Coleman
Kay Ann Ferguson
Billie Matlock
David Mowdy
John Steffens
Sonny Victor

## COMPREHENSIVE COMMUNITY ACTION PLAN: BEND, OR

Bend is a scenic, high desert community in central Oregon on the eastern slope of the Cascade mountain range. This sleepy mill town was originally populated by American Indians, cattlemen, and loggers. Its mild climate and year-round recreational opportunities have attracted retirees and middle-aged urban professionals to the area. Bend's populace (of about 19,000 residents) ranges from the wealthy to the very poor.

The coordinated prevention effort began in 1985, as a result of six mothers' concern about teenagers' keg parties. They met with the police chief to discuss a get-tough policy. After several teenagers died from alcohol-related incidents, Parents Actively Caring for Teens (PACT) was formed.

PACT volunteered to coordinate a major prevention initiative to tackle the root causes of youth problems. The initiative was patterned after a well-tested community participation model and became known as the Comprehensive Community Action Plan for Youth.

The Comprehensive Community Action Plan for Youth was built during a workshop in which the participants represented all areas of the Bend community: educators and school administrators, clergy, students, physicians, business men and women, parents, law enforcement officers, juvenile workers, members of the judiciary, city and county officials, volunteer workers, and the media. Eighty community members attended the first workshop. A later workshop included representatives from child-serving agencies.

The workshop was not intended to provide easy answers to all the youth problems in the community. Rather, it was to provide a process that would allow people to work together to identify community needs and map a plan of action for long-range solutions.

Some accomplishments of the Comprehensive Community Action Plan for Youth have been the use of planning workshops, the implementation of a prevention curriculum in the schools, a student mentor program, and a youth prevention awareness program in the churches. The community has also established a speedy and strict system to respond to juvenile offenders as well as Children's Networking, a network of child- and youth-serving agencies throughout the county that coordinates delivery of services.

*Colloquium participants:*

Roberta Berry
Susan Shepardson
Jackie Throne
Anne VanDusen
Gary Whitley
Bill Lindemann

# HAMPTON INTERVENTION PREVENTION PROGRAM: HAMPTON, VA

In Hampton (population 126,000), prevention activities began in 1981, targeting the K–12 school population. It is a school-based prevention, intervention, and education effort. The use of student assistance teams and peer counseling strategies has been part of the focus.

Alternatives, Inc., provides the staff for the school system: 4 full-time prevention specialists, 10 full-time intervention specialists, and 3 full-time police officers. Alternatives, Inc., the schools, and the police coordinate the prevention efforts.

Because the prevention efforts are now a part of the city budget, the program will establish long-term goals.

One major accomplishment was the development of community awareness. The community realized that solving the alcohol and other drug problem was its responsibility. Since the start of the program, Hampton has seen a decrease in drug activity in the schools and surrounding areas.

*Colloquium participants:*

Cindy Carlson
Charlene Watkins Foughner
Patty Gilbertson

Ethel Livingston-Nyembe
Carolyn Moore
Charles Hunter

## PIERCE COUNTY PREVENTION COALITION: PIERCE COUNTY, WA

Pierce County is at the southern end of Puget Sound in the western portion of Washington. The Pierce County Prevention Coalition (PCPC) is a school- and community-based comprehensive approach to prevention, targeting youth and their families. Prevention initiatives involved comprehensive prevention training for teachers and other school staff, parent and community education, and youth activities. PCPC is directed by a 21-member board representing school districts, local government, law enforcement, service clubs, universities, community-based treatment centers, and other community organizations.

PCPC began as part of the Sumner Tobacco and Alcohol Risk Reduction (STARR) project, a collaborative effort among the Sumner School District, the communities of Sumner and Lake, and the regional Health Education Department. Initial funding was provided by the Federal Centers for Disease Control in Atlanta. The project is funded by Federal, State, and county agencies; State and local education agencies; and local civic organizations. Staff services are provided by the Sumner School District through the STARR project.

Major accomplishments of the coalition include a K–12 comprehensive alcohol and other drugs curriculum, student intervention programs, parent and community education programs, teacher training in drug awareness and early identification, reentry programs for students or employees returning from treatment, and low-cost, accessible treatment for young people and their families.

*Colloquium participants:*

Nicole Homer Crowley
Elizabeth Woods Frausto
Carolyn "Kim" Hyke
Penni Newman
Jurley Paddock
Kelli Palo
Bob Sulkosky
Michael Towey

## PRE-ACTION NETWORK: OUTAGAMIE COUNTY, WI

The community of Outagamie County, in northeastern Wisconsin, consists of 32 townships, villages, and cities with populations ranging from 300 to nearly 60,000. The total population of 140,000 is mostly White; Native American, Chicano, and Vietnamese are also represented.

Pre-Action Network is a synthesis of ideas and efforts directed at curbing alcohol and other drug-related problems among both youth and adults. Beginning in 1977, a number of surveys by Community Board staff and an area newspaper unearthed grim statistics about youth drinking patterns in Outagamie County that struck a responsive public nerve. A task force was named, which included more than 50 citizens from throughout the county.

Through the efforts of this task force, other community committees' recommendations, and media support, community concern was stimulated. An all-out effort was initiated in January 1979 to implement the Pre-Action Network, a countywide program designed to link all eight communities and public school districts in the county in a network to promote a comprehensive county prevention plan. Each community initiates its own prevention effort under the direction of a local board; the network is headed by a coordinator who is funded by county monies.

The Pre-Action Network receives annual grants from State, county, and local governments and school districts. Decisions on major funding and the allocation of funds are made at the county level. Local prevention efforts are funded through local taxes and fundraising events. Service organizations provide funds or sponsor projects. Some businesses participate in the funding process as well.

The project was designed as a decentralized model to foster community ownership and stimulate programs. Although initial efforts were directed at youth, efforts have been expanded over the past 10 years to include the total county population.

Some major accomplishments of the Pre-Action Network are the 10-year-plus effort; development of community awareness, support, and cooperation; establishment of a large, ongoing volunteer network supported by a small but stable paid leadership staff; long-term commitment of resources devoted to manageable tasks consistent with long-term goals; and the assistance provided to many families and young people.

*Colloquium participants:*

Sharon Salm
Dan Bay
Dennis Booms
Diane Doden

Mary Grundman
Edward Hammen
David Moscinski
Kathy Walsh Nufer

## UNITED WAY-REGIONAL YOUTH SUBSTANCE ABUSE PROJECT (RYSAP): BRIDGEPORT, CT

The United Way-RYSAP is a result of community concern about alcohol and other drug use among the youth in Bridgeport and the five surrounding communities. The United Way staff and two top business leaders invited others in the community to join them in a comprehensive prevention planning effort to create a continuum of care through awareness, prevention, intervention, treatment, and aftercare.

The purpose of RYSAP is to coordinate the resources of certain community segments—school systems, politicians, law enforcement agencies, State and local organizations, the media, nonprofit service providers, and businesses. RYSAP provides opportunities for those concerned with prevention to meet to plan courses of action. RYSAP offers no direct program services; it offers assistance in planning and developing prevention initiatives, training, research, material resources, and media awareness. RYSAP's most recent effort is the sponsorship of the Youth Evaluation Service (YES), an independent assessment and case management program.

The United Way provides RYSAP with office facilities, staff funding, and networking efforts. Other funding sources are State and municipal governments, State agencies, businesses, private individuals, and a Robert Wood Johnson grant. The staff provides assistance in coordination, training, media, research, and the development of the assessment center.

The network consists of a regional coordinating council and three regional advisory committees (prevention, treatment, and youth). Each of the six communities has established a community prevention council. The chairs of the council are ex officio members of the regional prevention committee, and all committees, regional and community, meet monthly.

*Colloquium participants:*

George Bellinger
Rosa Correa
Wendy Davenson
John Higgins-Biddle

Albert Guillom
Janice Martin
Susan Patrick
Doris Skutch

# METROPOLITAN KANSAS CITY TASK FORCE ON ALCOHOL AND DRUG ABUSE: KANSAS CITY, MO

The political and geographical boundaries of Kansas City have presented challenges to the establishment of coordinated prevention efforts. The Kansas City metropolitan area, with a population of almost one-half million, encompasses inner city and suburbs, each with its own government and school system; is divided by the Missouri River; and covers two States, Kansas and Missouri.

The Metropolitan Kansas City Task Force is the result of various events. After attending a national mayors' conference, the mayor began talking to leaders about prevention efforts in Kansas City. At the same time, the U.S. Attorney's Office began surveying people about prevention efforts and availability of services. Through a combined research effort they discovered little coordination of agency efforts, no comprehensive prevention planning, and major gaps in services.

In 1986, a group of 100 people began an assessment study. Nine committees assessed needs, reviewed research, and developed recommendations. The result was a voluminous report, which was reduced to twelve do-able recommendations. The committees reorganized into the current task force to focus on planning and action. The task force includes the Community Foundation, the University of Missouri at Kansas City, law enforcement agencies, public and private service agencies, the media, community-based organizations, and schools. Its first act was to establish the Independent Assessment Center, which is provided with in-kind services by private agencies.

The task force consists of an executive director, executive committee, steering committee, and several subcommittees. Funding from State and local contributions and from grants is funneled through the Kansas City Community Foundation, and funding for projects is determined by the executive committee.

The major accomplishment of the task force has been the development of an understanding of the interrelatedness of research, planning, and action. Successful, coordinated actions have established the Independent Assessment Center, the Youth Net Program, and the Project STAR model.

*Colloquium participants:*

Calvin Cormak
Sue Giles
Janine Moore
Mark Shapiro
Cathy Sillman
Sharon Smith

## IMPACT FOR LIFE: SOUTH CHARLESTON, WV

Three years ago, parent volunteers started prevention efforts in South Charleston. Impact For Life is a community-based grass-roots network that coordinates prevention efforts for youths and adults. The targeted population is the community as a whole, with an emphasis on all students.

Groups active in the network are schools, parents and families, government agencies, community-based organizations, churches, businesses, and civic organizations. Funding is provided by local, county, State, and Federal grants; private donations; and the board of education.

Many of the programs for students provide them with life skills. The implementation of prevention programs and curriculums are the program's significant accomplishments. Impact training and public speaking have raised community awareness of the need for prevention efforts.

*Colloquium participants:*

Biddy Bostic
Phyllis Duval
Lynn Evans
Roberta Hays
Jim Higginbotham
Mary Pesetsky
Katherine Totten
Owen Walker

# Appendix C:
# Literature Review

## ADDRESSING ABUSE OF ALCOHOL AND OTHER DRUGS: COMMUNITYWIDE PREVENTION PLANNING AND IMPLEMENTATION

*Elizabeth J. Kerst, M.A.*
*Graduate School of Education*
*University of California, Los Angeles*

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*EMT Associates, Inc.*
*3090 Fite Circle, Suite 201*
*Sacramento, CA 95827*

Explicit efforts to prevent use or abuse of alcohol and other drugs are a relatively new addition to traditional treatment or intervention approaches to alcohol problems. The research literature on prevention practices is growing, but still modest. And, as with any developing field, professional knowledge and practice concerning prevention are fragmented.

The current use of the literature for drawing conclusions about how well specific prevention efforts accomplish their objectives, or how prevention efforts can be implemented effectively, is quite limited. This is attributable partly to the infancy of prevention research and partly to the diversity and complexity of prevention activities. It is a reasonable expectation that the research literature will support conclusions about outcome and implementation better as the field matures.

The current literature does provide important documentation of the diversity and complexity of prevention practice. Generally accepted categorizations of distinct approaches to prevention have been developed, including educational, affective, skills building, peer support, positive alternatives, training of impactors, and environmental change approaches (EMT Group 1989; Tobler 1986). In addition, the literature indicates that no single approach is likely to be appropriate for various parts of the population (Tobler 1986).

Although we cannot expect reviews of the literature to yield clear conclusions about effectiveness, there is sufficient documentation of differing prevention efforts and approaches to stimulate positive effort and to gain promising ideas from the experience of others. This review begins the process of learning from a small range of literature on one approach to prevention activity—communitywide prevention efforts. This introduction to the review will identify the need for communitywide efforts and assess the state of current literature on community-based prevention. The body of the review will summarize what the literature tells us about communitywide prevention planning and implementation.

## WHY COMMUNITYWIDE PREVENTION?

As a concept, prevention has a strong and broad appeal. Encouraging positive lives and preventing the well-documented personal and social tragedy of abuse makes sense. In practice, prevention activities and programs pose difficult problems in planning and implementation. Prevention as a goal has strong appeal. Knowing how to get there requires commitment, thoughtfulness, and hard work.

There are two primary characteristics of prevention efforts that present particular challenges for planning and implementation. First, identification of and access to populations in need is problematic. With intervention and treatment programs, a presenting problem becomes the criterion for targeting—it is relatively clear. For prevention, however, indicators of risk are much more diffuse and uncertain. One consequence is that current prevention efforts are malapportioned among the population.

The literature suggests that prevention programs are more common in suburban areas among White populations (Springer and Phillips 1988), which are generally not considered to be at high risk. School-based prevention has remained prevalent also because of easy access to children at different developmental stages, although this delivery setting misses youth from high-risk environments who are absent or marginally involved in school.

The second problematic characteristic of prevention efforts concerns program substance or strategies. Prevention planners are faced with a bulging toolbox of possible curriculums, activities, and conceptual approaches. Furthermore, there is no indication that there is one best way, or even a few best ways. Indeed, the suggestion from the literature is that multiple and selective approaches are needed.

In one of the most comprehensive and systematic reviews to date, Tobler (1986) examined the results of 143 prevention programs in a meta-analysis. Her work suggests that programs focused on improving "self-awareness, values clarification, problem solving and decisionmaking skills" (p. 540) are ineffective by themselves in preventing alcohol and other drug (AOD) abuse. Peer programs that enlist positive peer pressure to resist AOD use appeared more effective in that participants showed a significant decrease in AOD use. However, these results were only apparent among low-risk students (children who have a stable sense of self, a high self-esteem, good family support, and adequate role models)—in other words, children who are not at risk for alcohol and other drug problems.

Children in high-risk environments were not served effectively by peer programs. These youngsters are much more troubled and need far more than the strategy "just saying no" to alcohol and other drugs. They manifest deficits in experiences, life skills, role models, and self-esteem. They are often juvenile delinquents, marginal students and dropouts, children of AOD abusers, and students using mind-altering substances regularly. Many children at high risk socialize with an alternative peer group and thus have little respect for what the popular peer leaders have to offer. The multiple needs of these youth appeared better served by special programs that emphasize competence-building experience and alternative activities to those available in the high-risk environment.

Other studies support the suggestion that no single approach is effective for prevention and that approaches that provide opportunity and experience are important for youth in high-risk environments. Hawkins and colleagues (1985), in their extensive review of the etiology of AOD abuse, found multiple determinants in predicting adolescent chemical dependency, such as familial influence, peer associations and pressure, early antisocial behavior and AOD use, school experiences, attitudes, beliefs, and personality variables. The school system alone cannot possibly address each of the many factors contributing to addiction, nor can any single prevention strategy. Building coordinated prevention efforts that offer multiple strategies, provide multiple points of access, and expand community opportunities offers one approach to meeting the problems of targeting and strategy in prevention.

## ADVANTAGES OF COMMUNITYWIDE EFFORTS

Benard (1988) has stressed the importance of reestablishing linkages in the community that have been broken by industrialization. Community prevention networks involve organizations by linking various systems such as the school district, treatment facilities, fraternal organizations, universities, day care centers, probation offices, businesses, and so on. A more complete and comprehensive range of services is possible when the larger community is involved. Benard noted that when a variety of agencies and individuals are involved in prevention efforts, the factors related to the advent of AOD abuse—such as isolation, loneliness, depression, and boredom—are addressed: "If we are to prevent the occurrence of problem behaviors . . . we must promote and build physically and psychologically healthy communities that empower people to have control over their lives" (p. 7).

Communitywide prevention encourages the use of multiple strategies to reduce AOD abuse: (1) recruiting and training community members, (2) disseminating information about AOD use and related issues, (3) promoting life skills, (4) providing alternatives, and (5) affecting policy (Benard 1988). Involving diverse organizations reduces the myopic targeting and access characteristic of programs delivered by a single organization.

In summary, communitywide prevention efforts are a reasonable and needed approach to prevention, given current knowledge. Such efforts seem to have advantages in addressing problematic characteristics of prevention planning and implementation. As a distinct focus in prevention, however, communitywide prevention is not well articulated or documented. The following section briefly assesses the current foundation of documented information on what communitywide prevention is and how it works.

## COMMUNITY PREVENTION: THE AVAILABLE RECORD

Community prevention encompasses a broad-based approach that involves multiple organizations in delivering a wide range of services to the community. The term is not precisely defined, and many types of existing programs around the country fall legitimately within the community prevention rubric. At its current stage of development, community prevention has the following characteristics:

- *It is an emerging field.* Communitywide planning for the prevention of AOD problems has no formal identity. It does not have its own journal, professional society, annual meetings, or cadre of dedicated researchers; it does not have a clearly defined constituency or identified political supports; and it does not have its own public agency bureaucracy to implement and protect policies and program activities in its name. Yet the field does have many supporters, and several journals report on community-level planning activities.

- *It is a highly complex field.* Community-level prevention has many actors and addresses a number of planning agendas simultaneously, affecting many different interests and groups of people. The field is in constant danger of polarization and politicization.

- *It is a field with multiple conflicting origins that usually are not well documented.* Community prevention activity stems from both grass-roots origins (e.g., planning originated by parent or victim groups such as MADD) and research interests (e.g., formal community planning experiments on local controls over alcohol availability). Public agency initiative has also increased following increased interest by planning constituencies and researchers. The goals, funding, implementation, and evaluations of community planning projects vary a great deal because of these diverse origins. Internal conflict among community planners may replace progress on meeting specific prevention objectives.

- *It lacks documentation and formal evaluation activity.* Documentation is often poor with respect to information about problems and policy and program descriptions, and evaluation of project outcomes against goals. Research comparisons and analyses in local planning are virtually impossible when information on the context and problem is not available, planning activity is not documented, and outcomes are not recorded or analyzed.

- *Its experience is found in "fugitive" literature.* Literature on community planning for the prevention of AOD problems is not readily available in standard library collections or in refereed articles published in widely recognized journals. Instead, the literature on community planning action appears in the form of reports, manuals, guides, and project summaries. Often these materials are not widely circulated; therefore, it is important to seek them through local or regional sources or directly from the producer.

Within these important limits, the following discussion summarizes broad patterns that can be drawn from documentation of communitywide prevention efforts. Consistent with the current state of the prevention literature, this analysis does not offer definitive conclusions. Rather, the objective is to provide some direction for program development and improvement in this potentially important area of prevention activity. The discussion will be organized within a broad chronology of program development, from planning and initiation, through implementation.

## PLANNING AND INITIATION

Communitywide prevention often begins with an idea in someone's head—an idea that may be provoked by a newspaper article discussing the alarming use of drugs among school-age children, a television special reporting on babies born addicted to cocaine because of maternal use, the death of a local teen in an automobile crash while driving under the influence, or another focal event. Whatever the impetus for action, planning is crucial to convert individual commitment to collective effort. Many efforts that begin with good intentions fail because of lack of support and direction. Wittman and Shane (1988) emphasize the importance of joint planning and coordinated action for community prevention efforts. A review of literature on initiation of community prevention provides some guidance.

An initial issue in any communitywide effort is the definition of the community itself. Pentz (1986) recommends that the target population to receive prevention services be defined clearly. Although many community planners focus their efforts on a subpopulation, such as school dropouts or youth in high-risk environments, this type of focusing tends to render the services interventive rather than preventive. Although ideally intervention should be provided for youth who are at risk, these services may operate in conjunction with, rather than in place of, prevention efforts for the general population of children. Furthermore, Benard (1986) stresses the importance of providing services to a broad range of ages; prevention should begin at birth and continue through all stages of life.

Prevention strategies must be realistic in scope; thus, the targeted geographical area must be delineated clearly. Depending on the definition of the community, services could target an entire town or just one neighborhood. However large the area, it is essential that the various systems within that area are included. Benard (1986) recommends that parents, children, religious organizations, schools, industry, the media, and any other community agencies be counted among those targeted for prevention efforts.

### Needs Assessment

Because communitywide prevention seeks to reach diverse groups, it is important to use systematic methods to enlarge the planning perspective beyond the views of a small group. OSAP planners (1988) and others such as Bareis and Pries (1989), Pentz (1986), Wallack (1985), and Butler (1983) have stressed the importance of a needs assessment. The needs assessment may provide information on the extent of AOD problems, existing services, and future services that community members desire. The last type of information is especially important to reach the maximum number of community members. If the prevention method is inappropriate, too time-consuming, or uninteresting to the target audience, participation will be low (Perry 1986). Funkhouser and Amatetti (1987, p. 20) present the following general questions to generate assessment items:

- What do community members know about alcohol and other drugs? What are their attitudes toward these substances? How many people use them and how much do they use?
- Where, when, and with whom do community members use alcohol and other drugs? In other words, what is the context of use?
- Which high-risk factors for alcohol and other drug use by youth, and abuse by adults, are relevant to your community members?
- Is there a significant population, such as children of alcoholics or illegal drug users, that may require more intensive efforts?
- What and who are the credible and respected sources of information in your community?

The following questions also elicit important information:

- What prevention services are being offered currently in the community?
- What types of prevention activities are the target populations interested in?

Clearly, some systematic effort to enlarge the perspective for defining community *need* and *demand* is important for communitywide efforts. There are many practical approaches to conducting these assessments. Kelly (1988) provides a summary of needs assessment techniques for prevention programs, and Bareis and Pries (1989) discuss informal methods for producing these data.

### Capability Assessment

In evaluating five community efforts targeted at youth who were at high risk, EMT Group (1989) noted an important caveat in the use of needs assessments for prevention planning. They found that needs assessment activities were often too formal and tailored to funding requirements or purposes divorced from realistic program planning. They observed that using existing program and community resources effectively and expanding community support are important components of the community-based approach to AOD services. In this program environment, identifying the most acute areas of need for AOD services alone is not an adequate basis for planning and targeting program activities. An effective response to community problems requires matching needs to the capabilities of the program and community to deliver the appropriate scope and types of service. The planning and implementation process for community organizations must involve assessment of community and program capability as well as need.

The EMT report recommends a *capability inventory* as a complement to needs assessment. Such an inventory involves identifying strengths and limits of community organizations in financial and material resources, staff skills and commitment, community ties and access, and unique opportunities.

## Leadership

Recruiting leaders from the community is essential to program success; a greater personal investment on the part of the planners will be evident if a feeling of esprit de corps is promoted. A sense of ownership is enhanced by group cohesiveness and dedication to the project. The feeling of "we're all in this together" was promoted by the Comprehensive Community Action Plan for Youth in Bend, OR (1988), by involving many community agencies in "every aspect of the process from plan development through implementation" (p. 3). Assembling dedicated leaders is crucial; Yoast (1981) notes parties may feel imposed on and view the prevention planning group as just one more committee they are forced to sit on as figureheads.

Bareis and Pries (1989) note that community services must be coordinated to provide comprehensive outreach and to avoid duplication of efforts and turf battles. The inclusion of as many potentially duplicative agencies as possible provides the means for attaining this goal. Community prevention represents a system of organizations working in concert toward a common goal. Motivating and maintaining commitment are important leadership tasks in this environment.

Commitment to prevention is procured in Bend, OR, by requiring participants to pledge involvement in the following tasks:

- Participate in the actual design of the Community Action Plan.
- Review with staff and board members the Community Action Plan once it has been developed.
- Participate in, on an ongoing basis, the annual planning cycle. (Comprehensive Community Action Plan for Youth).

## Peer Leaders

A valuable resource for leadership exists among the youth in every community. The use of adolescents as facilitators and cofacilitators in prevention education gives the "no drug use" message greater credibility, for although teachers are regarded as the most potent sources for factual information, social information carries the most weight when dispensed by fellow students. Positive peer influence provides an effective means of role modeling healthy, drug-free lifestyles, changing the perception of AOD use from acceptable to deviant. Research has borne witness to the efficacy of peer leadership in AOD use prevention for adolescents (Klepp et al. 1986).

However, there are drawbacks to using peer leaders. Prevention programs examined by researchers at the University of Minnesota—such as Keep It Clean (targeting smoking among seventh-graders), Amazing Alternatives (focusing on drug use among seventh-graders), and Shifting Gears (targeting alcohol use among ninth-graders)—use the "popularity contest" method to choose peer leaders. Although Klepp and colleagues (1986) discount the influence of this aspect on outcome data, they fail to take into account Tobler's (1986) findings regarding the failure of peer-led programs with youngsters at high risk. EMT Group (1989) documents problems of continuity and role for youth advisory groups in high-risk communities. Without clearly delineated roles, youth participation waned.

Fortunately, more insightful methods of choosing peer leaders have been implemented by planners at the Cambridge and Somerville Program of Alcoholism Rehabilitation (CASPAR) program in Massachusetts. Deutsch (1982, p. 165), the former education specialist for CASPAR, reports that diversity among peer leaders is a priority: "For the broadest appeal, the group had to have honor students, average students, and potential dropouts; abstainers, moderate drinkers, and even problem drinkers; youth whose family drinking histories were similarly diverse; and children from different ethnic groups and geographic areas." The CASPAR method of choosing peer leaders covers all the bases in terms of providing a variety of role models so that no social group is left out.

Three major issues are important to address when training peer leaders (Klepp et al. 1986). First and foremost, a pleasant training atmosphere must be established. Training can be made enjoyable by conducting it on a weekend retreat or by having a celebration at the end of training completed during school hours. Second, the extent to which the peer leaders have mastered the material and activities should be ascertained as part of training. The application of learning can be tested by providing opportunities for role play and behavioral rehearsal in front of an audience of trainers. And finally, motivation for involvement in the project can be enhanced by providing public acknowledgments of peer leaders or by providing monetary incentives such as the CASPAR peer leaders receive.

### Community Workshops

Once the leaders have been chosen, the most common and feasible manner in which to plan is through a community workshop. This method allows citizens to gather informally, get acquainted, and pool resources for prevention activities. The timeframe in which community meetings are conducted varies widely. For instance, Wallack (1985) reports that the San Francisco Project on Alcohol Prevention required 15 hours of workshop time, implemented in 5 sessions over several weeks, while the project in Bend, OR, required 2 evening sessions and 1 all-day meeting.

Hammering out a clear statement of purpose provides a starting point. Laboring on a mission statement may forestall what Lofquist (1989, p. 16) calls "mission diffusion," in which there are "differing perceptions or opinions among the key persons . . . of what the organization is about." In the interest of organization and efficiency, community workshop planners may wish to follow the format created and used by Bareis (1989). The steps involved in the planning process are as follows:

- Determine the Underlying Community Conditions That Contribute to Alcohol and Other Drug Use. It is useful for participants to imagine their community as they would like it to be in comparison to the current situation. Breaking up into small work groups of 10 or fewer makes discussion of the causes of AOD abuse more manageable than working in a larger group. Brainstorming is a helpful method to elicit causes. This technique involves writing down whatever thoughts occur on the topic as quickly as possible. During brainstorming, there are no right or wrong answers; thus, criticism is not allowed.

After the brainstorming exercise is completed, participants discuss the list, taking care to eliminate symptoms and duplications until the causal factors are identified. Each group presents its findings to the larger group, and a consensus is reached about which causes are most pertinent. The list is organized in order of importance to identify issues that the community can address realistically. Yoast (1981) recommends examining only the top 10 causes.

- Create Goals to Alter These Conditions in the Community. In Bareis' format (1989), workshop participants again return to the smaller groups, which are each assigned to discuss one of the conditions. The assignment is to generate ideal goals related to the condition. Although many of the ideals may not be achievable in the near future, they are still relevant to the overall conception of the "dream" community.

- List Activities or Services That Can Move the Community From Where It Is Now (the Condition) to Where It Should Be (the Goal). Brainstorming in small groups may again be successfully used to generate ideas for service provision. Prevention activities should not be limited to those that focus solely on AOD abuse. Gibbs' (1986, p. 3) review of current research and effective state-of-the-art strategies found that early programs that failed "isolated the problems of drugs from other anti-social behavior problems." Benard (1986, p. 2) concurs, noting that effective prevention programs are "part of a broader, generic prevention effort focused on health and success promotion." Therefore, plans that include activities for potential dropouts or provide familial social skills training are not outside the realm of effective AOD abuse prevention.

  Bareis (1989, p. 35) cautions planners to "think small . . . involve youth . . . [and] take on projects with immediate, visible results." Yoast (1981) suggests that priorities should be set once the brainstorming exercise is completed.

- List Financial, Human, and Physical Resources. Labeled "sponsors" by Bareis and Pries (1989), individuals or corporations that can meet resource needs are essential to prevention programming. Prevention cannot survive without the proper funds to realize the goals. The possible sources for sponsorship are many. Government agencies such as OSAP and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) encourage and sometimes sponsor prevention programming (Kumpfer et al. 1988). State government also represents a potential source of funding; for example, the attorney general of California has proposed the establishment of a superfund for children's prevention programming from increased cigarette and alcoholic beverage taxes (Van de Kamp 1987).

Agencies at the city government level may also play a vital role in providing money, especially departments concerned with health such as the San Francisco City/County Department of Health's partnership with Community Substance Abuse Services to sponsor the San Francisco Prevention Project. Businesses and industry are also often interested in improving the state of the community. The Center for Human Development in Lafayette, CA, represents a foundation that awarded $10,500 to planners from 10 community organizations (Gibbs, no date). Grass-roots fundraising efforts such as carnivals, art fairs, and drives represent another option that may be used to prod philanthropic individuals to take an interest and donate money.

- Determine the Obstacles and How to Overcome Them. Barriers to consider include people, finances, and space limitations (Bareis 1989). This step is necessary to bring planners back down to earth, because in the excitement about their many community improvement ideas, citizens may lose sense of project feasibility and become too optimistic.

  Once these steps are completed, the nuts and bolts of the master plan are laid out. Depending on the size of the group, a steering or advisory committee should be chosen to put the plan into a written format. Below is a sample outline for writing the plan based on Bareis' (1989):

- Mission statement: To promote health in the community with a focus on decreasing AOD abuse and other delinquent behaviors. The following populations will be targeted for AOD abuse prevention:

- Continuum classifying AOD abuse problems, programs, and services in the community. *The following community problems are classified from minor to severe:* (For each category, current services are listed, as is the degree to which those services are widely believed able to provide solutions to the problem.)

- Conditions underlying AOD abuse problems in the community. *The following community conditions contribute to the prevalence of AOD abuse:*

- Priorities selected by the community. *The following conditions are deemed to be the most pressing:*

- Plan for solving AOD abuse problems in the community. *The following activities, essential resources (personnel, funding, and space), and barriers to overcome have been anticipated:*

Excellent workshop manuals or guidelines are provided by Bareis (1989), Bareis and Pries (1989), Lofquist (1989), and Yoast (1981). A manual specifically developed for police chiefs and sheriffs was developed by Hay and colleagues (1988).

### Training

Community prevention is an emerging field; it is doubtful that many of the new (volunteer) workers are knowledgeable about the topic of AOD abuse. Furthermore, different skills are required when operating in a community setting, such as proficiency in working with organizations or with individuals (Gibbs, no date). Although training may be conducted by local experts, training from outside sources may be warranted.

In many instances, basic training about the abuse of alcohol and other drugs will be necessary. Stern (no date) recommends covering the disease concept of addiction, the effects of AOD abuse on the family, the pharmacological effects of mind-altering substances, personal attitudes toward alcohol and other drugs, and the laws pertaining to possession and use. Speakers from Alcoholics Anonymous and Alateen help clarify many of these issues. Stern feels that it is also useful to bring in guest lecturers from other communities who have successfully implemented prevention programs. These speakers not only build morale but also provide real-life examples of turning ideas into action. EMT Group (1989) has documented useful sharing of knowledge and experience among local programs.

One important goal of training is to turn workers into experts so they can function independently and train others to perform prevention activities. C.A. Johnson (1986), the prevention research director at the University of Southern California, discourages dependence on outside experts and stresses community self-sufficiency to ensure a long and healthy life for prevention programs.

## IMPLEMENTING PREVENTION ACTIVITIES

Previously, the diversity of potential activities for community prevention was noted; it is not possible to address them all here. However, six general strategies encompassing most of these activities have been formulated to make prevention programming more manageable. The categorization is used here to organize a variety of activities and strategies that have been implemented in community settings.

### Information

Experts at the Prevention Resource Center in California believe that "factual information should encompass the causes, symptoms, consequences, and tools for change" (1988, p. 2). Although previous schoolwide programs that focused primarily on dispensing alcohol and other drug information have not demonstrated success (Benard et al. 1987; Tobler 1986), their lack of effectiveness may have been affected by the manner in which information was imparted.

Current thinking recommends more comprehensive approaches using the media through public service announcements, talk shows, documentaries, newspaper columns, articles, and billboard captions. In Bend, OR, the local paper (the *Bulletin*) provides a weekly feature, "The Parent Exchange," on child-rearing. Planners are also producing a computerized and printed resource directory for parents and establishing a clearinghouse to dispense information. These efforts are in conjunction with the larger comprehensive plan (Comprehensive Community Action Plan for Youth 1989).

The media have also been engaged in comprehensive prevention efforts in Sumner, WA. The STARR project disseminates AOD abuse prevention information developed for the NIAAA (1983, p. 142) public education campaign by

- Working with local radio and television stations to ensure that prevention-oriented spots are broadcast frequently
- Including information about the NIAAA campaign in the STARR newsletter
- Working with the schools and other local organizations to sponsor campaign-related prevention activities in the Sumner community

Another method of disseminating information involves bringing community members together in a meeting or forum. This technique may operate on a small level, as in the informal school coffee hours hosted by the vice principals and principals in Bend, OR, or on a larger scale, such as formal workshops for the parent-teacher association and the parent-teacher-student association (Comprehensive Community Action Plan for Youth 1989). Operation PAR, which sponsors the Comprehensive Prevention Program for Children of Substance Abusers in Pinellas Park, FL, held a regional conference on the interaction among drug abuse, pregnancy, and the newborn (Kumpfer et al. 1988). A unique strategy was implemented by planners in Oregon in establishing neighborhood action teams whose participants serve as information resource persons via a helpline. The plan is that the teams will evolve beyond their informative role to become interventive, for example, to arbitrate minor infractions of the law. The teams will "determine restitution and community service work as an alternative to making use of the legal channels. Minor problems will be handled in the neighborhood, thereby serving to bring the community together and build a feeling of responsibility. In addition, the police and judicial system will be able to use these teams to ease the burden placed on their forces" (Comprehensive Community Action Plan for Youth 1989, p. 53).

Another innovative strategy employed by the STARR team in Washington is the provision of vendor education, which entails collaborating with local tavern owners and bartenders to address the dilemma of minors purchasing alcoholic beverages and cigarettes. Education and training are provided to interested vendors to provide a stricter enforcement of the legal age limit (NIAAA 1983). Strategies such as STARR vendor education and the neighborhood action teams represent the new generation of information dissemination. The goal of these approaches is change in the community environment, not simply individual behavioral change.

### Developing Life Skills

These programs emphasize interpersonal skills such as "communication skills, modeling, feedback with social reinforcement, [and] assertiveness," as well as intrapersonal components, such as "self-esteem building, feelings, self-awareness, values clarification, anxiety reduction, [and] coping skill" (Tobler 1986, p. 541). Traditionally, these programs have been concentrated in schools or other educational or training settings. Community prevention efforts have expanded skills development programs into other settings.

## Leadership Clubs

Leadership training provides a participatory means of learning social and life skills. The Community Action Agency in Oklahoma City sponsors leadership clubs to equip youngsters with skills to avoid drugs and alcohol. This comprehensive prevention program serves African-American, Hispanic, and American Indian children, ages 4 to 18 years, from high-risk environments. Leadership clubs provide opportunities for learning and growing to which these youngsters would otherwise have no access.

The importance of leadership clubs for all children lies on a deeper level, however, for they provide the means with which the child can fashion a positive identity as a leader rather than a drug user. The establishment of an identity as a nonuser is one step in successful prevention.

Many currently popular programs focus solely on raising self-esteem, such as the Comprehensive Community Action Plan for Youth in Bend, OR (1989), and many of the programs discussed in the California State Attorney General's Office report (1987). Unfortunately, these programs miss the mark by ignoring the larger structure of identity. Self-esteem may be viewed as a mental indicator similar to body temperature and blood pressure; it is the experience of one's personal worth and thus operates as a gauge for the underlying self-representation. "Efforts to replenish self-esteem without regard to developing a healthy self-representation or identity are misdirected" (Skager and Kerst 1989, p. 252). The general lesson, again, emphasizes comprehensive and reinforcing approaches to prevention. Methods that ignore identity, outlook, and social relationships are not promising. The leadership clubs are beginning to address the establishment of a positive, drug-free identity. Another exciting new strategy, "cultural promotion," also promotes a healthy identity and is being implemented in many areas of the country (Skager 1989). (Cultural promotion is discussed in a later section.)

## Parent Training

Emphasis on parenting skills is another innovation in expanding prevention efforts into the social fabric. Curriculums such as Systematic Training for Effective Parenting, for adults with 1st- through 5th-grade children, and Preparing for the Drug (Free) Years, for parents of 6th- through 12th-graders, have been developed for widescale use (Comprehensive Community Action Plan for Youth 1988). The American Guidance Service provides a catalog (1985) from which parents can order various program materials for use with their children.

The Family Skills Training Program for drug abuse prevention with high-risk families, developed by DeMarsh and Kumpfer (1985), integrates parent and child training into a comprehensive whole. While the parents are being trained during the first hour, the children are in a separate room, also receiving instruction. In the second hour parent and child meet with a facilitator to practice the new skills. The program is promising. Evaluation demonstrated significant improvements for family communication of problems, sibling relations, family-oriented activity generation, clear family guidelines, and social contacts by parents. Similarly, significant improvements were observed in children in help seeking, display of emotion, and behavior in general. The complementary training of children and parents is a central concept in this approach (Kumpfer 1989).

The STARR project in Sumner, WA, developed the Family Interaction Program to complement the prevention curriculums implemented in the schools. In addition to the training sessions, a family activity book is provided for parents and children to work on together at home. The activity book provides AOD information and teaches decisionmaking and coping skills. Providing positive feedback to children is stressed throughout the training (NIAAA 1983).

Project Reach of Antioch, CA, also assigns homework in the form of a coloring book to facilitate AOD discussion between parents and children. Positive results were reported—54 percent of the parents spent more time completing activities with their children (Gibbs, no date).

The New Parents as Teachers (NPAT) Project (1985) begins in the third trimester of pregnancy and ends when the child reaches his or her third birthday. The following services are offered to NPAT parents:

- Timely, practical information and guidance in fostering the child's language, cognitive, social, and motor development
- Periodic screening of the child's educational, hearing, and visual development
- Monthly private visits in the home by parent educators
- Monthly group meetings for parents

Program results have been positive: NPAT children scored significantly higher than a comparison group in terms of intellectual and language and social development. Even more remarkable, program participation wiped out the negative effects of traditional at-risk factors. Regardless of "parent's age and education, income, single-parent families, number of younger siblings, and the amount of alternative care received, [at-risk factors] bore little or no relationship to measures of intelligence, achievement and language development" (New Parents as Teachers Project 1985, p. 3).

## Support Groups

Support groups for children at risk are another method of expanding and sustaining the prevention effort. These groups are typically psychoeducational in nature and are not meant to provide therapy. Other groups, such as the After Care Student Support Group in Bend, OR (Comprehensive Community Action Plan for Youth 1988), include reentry support for youth returning from treatment for AOD problems. A detailed discussion of school-based services for children of AOD abusers has been prepared by Kerst (in press).

## Creating Alternatives

If a positive, drug-free identity is to be developed, enticing alternatives to AOD use must be available. The promotion of "natural highs" for children has only recently gained significant attention. Tobler (1986) found alternative programs worked best to quell AOD use among children at high risk, presumably because they incorporate the developing of healthy identities such as "wilderness survivor" and "raging river rafter."

Karol Kumpfer at the University of Utah (1989) examined prevention efforts incorporating natural highs like river rafting, scuba diving, and involvement in a musical production about an addicted teenage girl. Although these activities are offered to all children, usually half of the group participants are considered to be at risk. Alternative activities, in conjunction with the Welcome Friend program for new students, help to make the school climate comfortable and to bond children to the community. Involvement in alternative activities is especially useful for latchkey children, whose parents normally do not spend a great deal of time with them.

Alternative activities sponsored by the Connecticut Department of Children and Youth Services Targeted Primary Prevention Program include volunteering at a local soup kitchen, involvement in a neighborhood newspaper, completing an internship in a local community service agency, participating in neighborhood cleanups, and involvement in campaigns against alcohol. Youth targeted by the Early Intervention to Counter Adolescent Substance Abuse in Washington, DC, receive vocational counseling and job placement services. The Wilmington Cluster Against Substance Abuse in Delaware sponsors Diversion Programs that offer opportunities for acting, producing audiovisuals, and riding BMX bicycles. Two- to 16-year-olds in Glen Cove, NY, are exposed to a variety of activities such as African and jazz dance, storytelling, karate, creative arts, and videotape production through the Targeted Primary Prevention Housing Project Demonstration Program (Kumpfer et al. 1988). Parents in Amherst, NY, sponsor chemical-free parties for their children (Rubin, no date), while business people in Washington County, OR, provide mentorship in their establishments for youth work experiences (Bareis and Pries 1989).

Both the Comprehensive Community Action Plan and the STARR program involve youth in the actual planning of alternative activities. Natural Highs, a project implemented by the latter group in Sumner, WA, included a mobile discotheque, a Vidiot video game, and a Battle of the Bands where the price of admission was a can of food and no drugs. The success of the Battle of the Bands was phenomenal: an overwhelming 4,000 young people attended and no problems related to AOD use occurred.

### Influencing Policy

Action from the grass-roots level can be directed toward positive changes in public policy. The San Francisco Prevention Project is an example. The Atlantic Richfield Company (ARCO) was planning to convert many of its gas stations into minimarts at which beer and wine would be sold. Members of the prevention coalition mobilized and wrote a letter to the Board of Supervisors expressing their concern. The result was several continuances of the liquor license amendment and a meeting between ARCO and the San Francisco Prevention Project. ARCO decided to forgo the liquor license (Wallack 1985). Other issues that have been targeted by grass-roots campaigns include broadcast media advertising for alcohol and the establishment of new alcoholic beverage outlets in areas with serious alcohol abuse problems.

### Cultural Promotion

The focus on acquainting children with their cultural roots represents a promising new approach for preventing AOD abuse among ethnic groups. The malapportionment of prevention efforts has resulted in programs developed by and for Anglo populations. Some of these programs have been applied across the board to other cultures, where they were needed. The development of culturally relevant or sensitive programs is an area requiring serious attention.

The Cherokee Challenge Early Intervention Project is being operated in Cherokee, NC. American Indian youth aged 10 to 18 gather in "clans" that meet weekly to engage in various activities. Children learn about the Cherokee culture and are taught to be proud of their heritage. Pride is reinforced by engaging in challenging outdoor activities and in serving the community by keeping the area and rivers clean (Kumpfer et al. 1988).

Other programs that incorporate ethnic pride by instruction in the mores, values, and creative expression of their culture include the Kamalama Comprehensive Intervention Program in Maui, HI; the Bad River Band of Lake Superior services for the Ojibwe Tribe in Odanah, WI; the Targeted Prevention for High-Risk Alaskan Village Youth in Fairbanks, AK; the Soaring Eagles project targeting American Indian youth in Minneapolis, MN; the Lac du Flambeu Band services for the Ojibwe Tribe in Lac de Flambeu, WI; and the Teatro Consejo services for Hispanic children in Albuquerque, NM (Kumpfer et al. 1988). Cultural promotion is a crucial concern for community prevention in ethnic and diverse communities, and an area of highest priority for program development and assessment.

### Crisis Prevention

Although crisis services generally fall into the realm of intervention, the Comprehensive Community Plan for Youth in Oregon has established an innovative method to prevent family crises before they occur. When a family finds itself in a volatile situation where violence seems imminent, the potential victim can retreat to a Safe Home provided by volunteers in the community. Safe Homes prevent immediate danger to family members and are for short-term purposes only (no more than 3 days). They are not runaway shelters nor dumping grounds for difficult children. Families must seek further assistance in problem solving after the use of a Safe Home. This plan would be ideal in larger cities, where domestic violence occurs much more frequently.

## CONCLUDING COMMENTS

This review has provided a modest step toward focusing and systematizing our collective national experience with communitywide prevention. Existing knowledge about preventing abuse of alcohol and other drugs suggests that communitywide efforts are a promising approach to problems of targeting populations and delivering multiple, reinforcing services. This review has not attempted to assess the effects of community prevention, which would be premature. Rather, it has summarized and identified themes in the largely fugitive literature that documents current community prevention efforts.

The summary focuses on two areas: planning and implementation. Some general recommendations for the content and method of planning efforts emerge from current experience with communitywide prevention. Planning activities that help to systematically enlarge planning to a multiorganizational, multitarget, and multistrategy level are central to the community prevention concept. With respect to implementation, the review provides a beginning for cataloging the variety of approaches and innovations that may be incorporated into comprehensive community efforts.

The review begins to bring together information concerning an exciting direction in prevention efforts. There is little known with respect to systematic, standardized, and comparable empirical information about the large number of community prevention efforts that are currently under way. The current study conducted by The Circle, Inc., and funded by the Office for Substance Abuse Prevention (OSAP), is a step toward filling that gap.

Second, there is no significant evaluation record for learning about the effectiveness of community prevention in its many variations. OSAP has recognized the need to enhance evaluation of community prevention and is making it a priority in its funding efforts. The promise of community prevention has become evident, and efforts are under way to disseminate, assess, and improve communitywide efforts to prevent abuse of alcohol and other drugs.

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# Appendix D:
# Presentation Materials

## INITIATING A COMMUNITYWIDE EFFORT

- Include all groups in the planning process.
- Increase community awareness.
- Develop community ownership and empowerment.
- Identify measurable long- and short-term goals.
- Carry out a community needs assessment.

# IMPLEMENTING ACTIVITIES

Should

- Contribute to and support the shared vision
- Reflect the latest prevention research findings
- Reduce risk factors
- Enhance protective factors
- Celebrate successes

# MAINTAINING THE MOMENTUM

- Keep recruiting and involving new groups and individuals continually.
- Recognize underrepresentation of groups.
- Rearticulate and clarify the vision.
- Evaluate the process and the intended and unintended impacts of goals.
- Provide sources of personal satisfaction.
- Continue doing needs assessment, evaluation, and feedback.

## PROVIDING LEADERSHIP

- Draw from the community at large.
- Represent the cultural and ethnic diversity of the community.
- Be open to a variety of leadership possibilities:

  —Shared

  —Formal

  —Rotating

  —Informal
- Acknowledge and manage existing political leadership.
- Encourage community ownership of problems and solutions.

# DEVELOPING PARTNERSHIPS THROUGH COORDINATION, COOPERATION, AND COLLABORATION

- Develop ongoing mechanisms for maintaining positive working relationships, team building, conflict resolution, and networking.

- Deal with barriers such as turf issues and denial.

- Find and cultivate common ground.

- Formally and clearly identify roles and responsibilities.

- Develop a sense of trust and credibility.

- Encourage the consolidation of shared resources.

- Encourage speaking with one voice and communicating a shared vision.

- Build relationships at local, State, Federal, and international levels.

## BUILDING RESOURCES

- Develop broad financial base, including
  - —Fundraising
  - —Foundations
  - —In-kind
  - —Corporations
  - —Local, State, and Federal Government
  - —Taxes
  - —Local business and industry
  - —Civic and service organizations
  - —Legislative and special appropriations
- Develop ongoing strategic funding plan.
- Link program plan and funding plan.
- Emphasize volunteer development.

## ASSESSING THE IMPACT OF PREVENTION EFFORTS

- Make evaluation an ongoing, dynamic process.
- Keep evaluation expectations simple, realistic, and measurable.
- Let evaluation guide ongoing program development.
- Evaluate both process and impact.

# Appendix E: Supplemental Activities

## INTRODUCTION

The activities in this appendix are designed to help individuals and organizations work to build healthy communities for the 1990s. They are reprinted by permission from *Ideas for Action: Community Prevention at Work*, published by New Futures, Inc.

These activities represent proven strategies for community involvement—ideas about AOD prevention and education for youth and adults that were gathered from community workers from across the country. They were selected because of their focus on *general community involvement.*

The presentation format is intended to encourage communities to choose appropriate strategies from among those offered and to modify and adapt the various ideas to their specific needs. This approach to involving all community groups in prevention efforts is crucial to effective community action.

## FUNDRAISING WITH CALENDARS

### RECOMMENDATION FROM COMMUNITIES

- Promote community awareness.

### ACTIVITY

Many people involved in community-based prevention efforts are continually searching for financial resources. Car washes, bake sales, food and other concession sales, and hundreds of other ways have been used to help generate monies. Add another idea to the list—calendars. Yes, people have been selling calendars for years. Don't just sell one; develop one.

Ever decided what to do with the outstanding posters left after the poster contest is over? What about printing the top 12 in a useful, colorful calendar that could be sold to support your prevention effort?

Before you head off to the printers think about what is involved in such a project, including the following:

- Do you have any contacts with a printer, an advertising agency, or a newspaper? You will need help with layout and pasteup to make the calendar attractive and saleable. Having it printed free or at unit cost is a tremendous help.
- Use a professional artist, graphic designer, or panel of consultants to help you choose artwork for the calendar.
- Photographs taken by young people or prominent members of your community might be an alternative form of original art.
- Whatever type of art is selected, be certain to have written, signed permission for its use before you print anything.
- Do not print anything unless you have a specific, detailed plan for the distribution and sale of the calendars. Local preventionists do not need 7,000 copies of a 1991 calendar in their office on October 15, 1991.
- Consider the range of promotional options. Will a local bookstore(s) give you prominent display space? Will the local Lions or Rotary club buy them in advance as gifts to their visitors? Will a local factory, bank, or other business advance-purchase 25 (or 250) calendars as gifts for their employees or customers? The plan for distribution and sales is critical. If you really believe in prevention, that plan will be in place before you ever go to the printer. What you will be preventing is wasted money, useless calendars, and a lot of frustration. What you will be promoting is your communitywide prevention effort.

## RESULTS

- Potential for recruitment of new people.
- Positive visibility in the community.
- Potential for fundraising.
- Potential for calendar to become an annual event.
- Involvement and recognition of individuals and groups helpful to the community prevention effort.

## NOTES

## MAKING GROUP DECISIONS

### RECOMMENDATIONS FROM COMMUNITIES

- Spend time early on identifying the method(s) of decisionmaking that the coalition will use.
- Develop ongoing mechanisms for maintaining positive working relationships.

### ACTIVITY

A major cause of group member confusion, frustration, and desire to leave a coalition centers around how decisions are made. Too often, members rely on familiar methods based on past experience. These decisionmaking processes may not be effective in a coalition and may not be ones that others use. It is extremely helpful to identify what decisionmaking process is most conducive to meeting goal(s), both product and process. Use the following continuum to identify, as a group, which process you are using; whether it is working for your purposes; and if not, which process would be more effective.

### MAKING GROUP DECISIONS

| | Autocratic<br>(One person decides) | Consultative<br>(Autocratic with advice from others) | Minority<br>(Expert, or those with vested interest) | Majority<br>(Voting) | Consensus<br>(Loyal minority agrees to support majority) | Unanimity<br>(Everyone totally agrees) |
|---|---|---|---|---|---|---|
| Advantages | Fastest<br>Good in crisis | Fast<br>More ideas and information | Decision by experts<br>Faster than whole group | Can be used with any size group<br>Most people know this process | Better decision<br>All opinions aired<br>Promotes synthesis of ideas<br>Elicits more commitment<br>Consistent with attunement concept | Most comfortable |
| Disadvantages | Less likely to be wisest decision<br>Less likely to be accepted unless survival is at stake | Takes more time<br>Less chance of acceptance and commitment by others | All points of view not necessarily heard<br>Not necessarily representative | Win/lose mentality<br>Lack of commitment by losers<br>Issues become personalized | Takes more time<br>Requires mature members<br>Progress can be blocked by one person<br>Best in small groups, difficult in large groups<br>Can end up operating lowest common denominator | Almost impossible to achieve with more than two people |

## VARIATIONS

- Try different methods of making decisions to determine which one works best for the group.
- Identify times in other experiences when a decisionmaking process has been effective or ineffective.

## RESULTS

- Increased satisfaction in how decisions are made.
- Increased understanding of coalition dynamics.
- Development of different decisionmaking methods for different process or product outcomes.
- Individual ownership of decisions.

## NOTES

# COLLABORATION ACTIVITY

## RECOMMENDATIONS FROM COMMUNITIES

- Provide team-building training for coalition members.
- Deal with barriers such as turf issues.
- Spend time on group development to enhance planning and implementation.

## ACTIVITY

Facilitate the following activity (allow for 1 to 1½ hours):

- Have participants individually envision their dream houses (i.e., safe and comfortable environments in which individuals become the best "versions" of themselves). Have them fix the vision clearly in their minds (allow 2 to 3 minutes).
- Divide people into triads that collaboratively draw a group dream house (one sheet of newsprint and one marker per triad). This exercise requires participants to take turns (one line per turn) and to refrain from talking. It takes 7 to 10 minutes to complete.
- In triads, have groups name their houses and talk about the process leading to the final product.
- In the total group, have some triads describe their houses and the process of working on them collaboratively. Have participants consider the implications for a successful organizational structure (i.e., what needs to happen) and discuss the insights that individuals gained in the activity.

## VARIATIONS

- After the activity and group process, provide members with a "miniteach" on collaboration versus coordination versus cooperation.
- Have triads reach consensus on the color to paint their houses by using the information they just acquired about collaboration.

## RESULTS

- Firsthand opportunity to experience and reflect upon what happens during attempts to bring individual perspectives together in a collaborative product.
- Identification of behaviors necessary for collaborative efforts to succeed.
- Awareness and acknowledgment of the difficulty of true collaboration in coalitions.

## NOTES

## GETTING TO KNOW YOU

### RECOMMENDATIONS FROM COMMUNITIES

- Develop a sense of belonging within each person.
- Provide opportunities for team building.
- Provide opportunities for members to clarify, as well as share with others, their personal philosophy of community prevention.

### ACTIVITY

Have members of your community coalition complete the following individually with words, phrases, or images that come to mind:

- Influential people: Who have influenced your involvement in community prevention?
- Significant experiences: What events have affected your involvement in community prevention?
- Philosophy: What should be your role as a community prevention system member?
- Aspirations: What do you as a coalition member want to make happen in your community?

Ask individuals to take 3 to 5 minutes each to share their answers with the rest of the group. To maintain a supportive atmosphere for understanding other people's experiences, discussion of individual answers is strongly discouraged except for questions of clarification. We rarely are given an opportunity to share experiences, thoughts, feelings, etc., without having them judged or debated. Be sure to emphasize that it is all right not to have answers to the questions before beginning this activity.

### VARIATION

- Change the context (community prevention or coalition member) as appropriate for your group and purpose.

### RESULTS

- Increased understanding of coalition members.
- Team building and group cohesion.
- Model process for future opportunities to interact without judgment, interruptions, or debate.
- Establishment of tone for action planning (the "aspirations" are pieces of the "vision").

**NOTES**

# ESTABLISHING COALITION NORMS

## RECOMMENDATIONS FROM COMMUNITIES

- Spend enough time to agree on coalition rules (norm setting).
- Develop a sense of trust and credibility.
- Formally and clearly identify roles and responsibilities.

## ACTIVITY

Establish norms or operational guidelines to use during the coalition's time together (especially meetings). Norms represent agreed-upon behaviors by group members and establish a climate conducive to working together. The suggested process is as follows:

- Members individually consider those behaviors that, if practiced by all members of the coalition, will make them feel valued, safe, and productive. Categories include, but are not limited to, time and attendance, communication, disagreement and conflict, and decisionmaking.
- Members collectively share their lists, which are recorded on newsprint.
- Items are discussed and clarified.
- Norms are agreed upon by consensus ("I can live with and will support...").
- All members agree to the group responsibility to point out when norms are not followed.
- Norms are regularly reviewed and changed as needed.

Because of the diversity within communities, this activity may take a lot of time.

## VARIATIONS

- Rather than reaching consensus, participants may consider each of the proposed norms as possible guidelines that everyone should consider because at least one person has suggested it as potentially helpful.
- If a group has been functioning for some time, instead of brainstorming to develop a list, members can identify their current norms (whether implicit or explicit). These norms are discussed regarding their effectiveness in moving the group toward its goal(s). Changes are made if necessary.

## RESULTS

- Clear, explicit guidelines for behavior.
- Foundation for future discussion regarding how the group functions as it pursues its goal(s).

NOTES

# DEFINING YOUR MISSION STATEMENT

## RECOMMENDATIONS FROM COMMUNITIES

- Engage in formal planning at the initial stage.
- Create a common framework for action that can harness all diffused energies and direct them toward common goals.
- Maintain a planning process that provides for rearticulation and clarification of the mission.
- Establish a clearly defined mission statement as a foundation for assessment.

## ACTIVITY

Write a coalition mission statement:

- Coalition members are given 5 to 10 minutes individually to write a mission statement for the organization as they perceive it. Ideally, the statement should be one to two sentences or one sentence with bullets and should address purpose, function, and operational philosophy: Who are you? What do you do? Whom do you serve? To what end? The mission statement should be specific enough to drive decisions but general enough for subgroups to develop it. It should acknowledge reality but aspire to the ideal.
- Members come together in pairs and create one mission statement.
- Each pair joins another pair, and these four create one mission statement out of the two.
- A representative of each quad comes together in a "fishbowl" format and creates one mission statement.
- All members accept by consensus ("I can live with and will support...") the mission statement.

## VARIATION

- Depending on the size of the group, the sequence for creating a mission statement may be individuals—triads—fishbowl, instead of individual—pairs—quads—fishbowl.

## RESULTS

- A mission-driven rather than activity-driven organization.
- Clarity of purpose; direction and foundation for future decisionmaking.
- Ownership by all members of the purpose of the organization.

**NOTES**

# PEOPLE AS RESOURCES

## RECOMMENDATIONS FROM COMMUNITIES

- Maximize human resources whenever possible.
- Do not restrict thinking and dreams; examine all resource possibilities. Be creative.
- Provide opportunities for people to feel that they are making a contribution to the whole.

## ACTIVITY

Have members of your community coalition identify the resources people bring to the group by using the following categories as a guide:

- Three significant others (e.g., spouse, parent, good friend, colleague) in your life and what they provide as a resource.
- People you know (individuals like a politician, celebrity, or business owner whom the coalition might tap as a short-term resource).
- Material possessions (anything from a large living room for meetings to a sewing machine or a dozen pens).
- Skills and abilities. (Do not limit the possibilities!)
- Hobbies and personal interests.
- Personal qualities and characteristics that could benefit the group effort.
- Each individual should take 5 to 10 minutes to describe the resources they bring to the coalition. Close with process questions such as: How was this activity helpful for our coalition? What did you learn about people as resources? How were your ideas about resources expanded? What resource mentioned can you use right now?

## VARIATIONS

- Resource lists are typed and distributed to all members for future reference.
- Other members may suggest additions to an individual's list from their experience with the person.
- Resource listing may be done more creatively on a piece of newsprint and may include graphic representations of what the member brings as a resource.

## RESULTS

- Expanded awareness of what constitutes a resource.
- Increased "abundance" thinking—"We have all we need."
- Coalition empowerment.
- Appreciation for fellow coalition members and what they provide.

## NOTES

# PLANNING SUCCESSFUL EVENTS

## RECOMMENDATION FROM COMMUNITIES

- Conduct training workshops with as much planning and coordination as possible.

## ACTIVITY

Training often consumes much time considering what is to be delivered and who is to deliver it but very little time considering the logistics of the event. Workshop coordination and logistical support can make the difference between a meeting or training event beset by distractions and annoying difficulties and one in which everyone is able to get the most from the experience.

The mechanics of holding a training session or a meeting are most effective when they are least apparent. In addition to hours of pre-event planning to set the stage, an unobtrusive, eagle-eyed presence at the event itself helps to make sure things run smoothly (and to take necessary steps when they do not). When considering training sites, planners should consider the following:

- Space reservation (make them as far in advance as possible).
- The presence of other groups in the facility.
- The usual age group of people using the facility. (Sitting on kindergarten chairs in a church basement may not be the most conducive learning environment for adults and vice versa—100 kindergartners in the sanctuary may not work out very well either.)
- Dress codes.
- Quiet hours.
- Helpful and competent staff.
- Limited distractions. (Is there a major remodeling program in progress?)
- Food. Food. Food. It doesn't have to be gourmet, but bad food or very few options can kill an otherwise excellent training event. (Do you want buffet style, prearranged meals, or eating arrangements left up to the individual? Cafeteria lines or waited tables?)
- Availability and costs of refreshments.
- Accessibility to participants with physical handicaps.
- Geographic proximity to potential participants.

Planning for logistical support of training can prevent many problems and promote a positive, safe, and comfortable learning environment.

## RESULTS

- Participants receive maximum benefit from the training experience.
- Workshop presenters and training staff are able to concentrate their full attention on the needs of participants and on the material covered in the workshop.
- Participants provide positive feedback.
- Success on which to build is achieved.

## NOTES

# WHAT'S MY JOB?

## RECOMMENDATION FROM COMMUNITIES

- People need to have fun and to feel that they are making a contribution to the whole.

## ACTIVITY

Develop job descriptions. Assuming there is a clear statement of purpose, people in a community prevention effort need to know exactly what they can do to achieve their mission. Too often in coalitions, we fail to develop job descriptions. Job descriptions accomplish several things:

- Provide direction and support to individuals involved in the prevention effort.
- Allow individuals who may be interested in joining the effort to have a clearer idea of how they might contribute and what would be expected of them.
- Provide direction in the recruitment of needed people and skills.
- Allow people to see how their role contributes to a bigger picture.
- The development of job descriptions can be a major step in the development of a cumbersome, awkward, and terminally ineffective bureaucracy. It can also be a dynamic process that models and teaches inclusion, supports diversity, and clarifies the role and mission of the prevention effort and its individual members.

## RESULTS

- Employees and volunteers who have a clear understanding of the project mission.
- Employees and volunteers who understand their roles and tasks.
- A more effective effort.

## NOTES

## KEEPING JOURNALS

### RECOMMENDATION FROM COMMUNITIES

- People need to have fun and to feel that they are making a contribution to the whole.

### ACTIVITY

Encourage participants in the communitywide prevention effort to keep a log or journal of their involvement. Rather than relying on happenstance, structure meetings that not only allow but encourage this writing.

In addition to the writing, it may be occasionally useful to set a time for discussing what participants have recorded in their journals.

The topics for discussion in such a journal are diverse. At the conclusion of a meeting, participants could be asked to reflect on three questions:

- What? (What did they perceive happened at the meeting?)
- So what? (Why was that important or significant to them?)
- Now what? (What commitments or specific tasks are they taking away from the meeting?)

Other appropriate journal topics include simple statements of learning, thoughts, feelings, or attitudes; reflection on the motivation for involvement in the efforts; and perceived benefits of involvement. Keeping such a journal can be a useful step in an individual or group learning cycle. This may be particularly useful to volunteers, whose rewards for participation in the prevention effort may not be as clear as for paid staff.

### VARIATION

- People who do not like to write may prefer to keep a journal of drawings or speak their thoughts into a tape recorder.

### RESULTS

- An opportunity for personal growth of coalition members.
- Greater individual satisfaction with involvement in project.
- Development of a sense of community among staff or volunteers.
- Greater effectiveness.
- Potential for documentation in the evaluation.

**NOTES**

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## CREATING MESSAGES

### RECOMMENDATION FROM COMMUNITIES

- Shift the paradigm and create change in general.

### ACTIVITY

Use banners, lots and lots of banners.

Community coalitions for prevention are about creating *change*, but one of the things that makes that difficult is giving up the familiar. The late Virginia Sater talked of "creating a new familiar." Though simple, but hopefully not simplistic, banners can aid in creating a new familiar.

RECIPE

- A roll of butcher paper.
- A variety of paint and brushes or markers.
- Two or three people with the ability to write neatly.
- A laminating machine (check out your local elementary school). Lamination allows banners to be recycled.
- An assortment of phrases, quotes, or sayings appropriate to the task at hand, such as:

Local people solve local problems.

People support what they help create.

If you think you can, if you think you can't...you're right.

Everybody is somebody else's weirdo.

To be is to do. —*Socrates.*

To do is to be. —*Plato.*

Do be do be do be do. —*Sinatra.*

If not here, where? If not now, when? If not you, who?

The nice thing about teamwork—there is always someone on your side.

Mix together with ample space well in advance of training events, workshops, and community meetings. Know your community. Be aware that different cultures respond to printed material in different ways. Consider language barriers.

## RESULTS

- Eye-catching training events.
- Another opportunity to teach or reinforce a message.
- Conversation starters.
- Potential outreach to new coalition members.
- Support for your mission and message.

## NOTES

## CHAIN OF SUCCESS

### RECOMMENDATIONS FROM COMMUNITIES

- Maintain the momentum.

- Celebrate successes.

### ACTIVITY

Provide visible signs of work and activities performed by the community coalition. There are numerous ways this might be done, but one idea is to create a "chain of success."

Remember the paper chains many of us made as kids in school or at home? We took strips (about 1 to 1½ inches wide and 4 to 6 inches long) and with glue or a stapler formed links to make a chain. Do the same in your program activity, except on each strip of paper write a *brief* description of a specific workshop, media campaign, or training event that has been completed in the prevention effort.

There are many themes that can be used in conjunction with such an activity: "linking together for success," "one small link," "stronger together," etc.

Use the chain to publicize your effort and recruit more involvement. Display it during Awareness Month at a local shopping area, the county fair, or a government building. When you have finished it, present the chain to the mayor, the governor, or a major funding source as a symbol of your collaboration as well as a visible sign of your accomplishments. Be sure that all constituencies are reflected in the chain.

### RESULTS

- Fun for everyone.

- Positive publicity.

- Media attention.

- Energy for staff and volunteers.

- Possible recruitment of new members.

### NOTES

# RESOURCE PLAN DEVELOPMENT

## RECOMMENDATIONS FROM COMMUNITIES

- Develop an ongoing process for maintaining positive relationships, team building, and networking.
- Develop a process for formal contact with other organizations and potential resources.
- Recognize that resources can be things other than money.
- Develop a funding base, consisting of multiple funding sources.

## ACTIVITY

In order to effectively and efficiently generate resources, it is important to have a plan that is an ongoing part of the prevention effort. A critical aspect of resource development is attitude. For instance, the view that there is an abundance of resources rather than a scarcity provides a very positive mind for resource building. Secondly, this attitude of abundance is reinforced by the recognition that resources can be things other than funds. This positive stance can also be further reinforced through planned celebrations, which recognize successes in acquiring resources.

The following are suggested steps in developing a resource or funding plan:

- Establish a committee or group that will assume leadership in developing and implementing the resource plan.
- Incorporate any available needs assessment information into the resource plan by indicating how specific resource needs are linked to specific community needs.
- Develop a clear statement that articulates the coalition's
  - Mission and scope
  - Organizational structure
  - Fiscal structure
  - Significant accomplishments
- Conduct an assessment of the community coalition.
- Identify options for addressing any weaknesses.
- Assess extent of community support for program.
- Identify potential funding sources, both traditional (government and foundations) and nontraditional (individuals, self-interest donors, civic or social organizations, and churches), and strategies for assessing them.
- Determine the division of labor and time line for implementing plan.

- Evaluate: Is your resource plan tied to your mission statement?

## RESULTS

- Provides a proactive resource development strategy that is ongoing.
- Provides a systematic process for generating needed resources.

## NOTES

## CULTURAL SENSITIVITY

### RECOMMENDATIONS FROM COMMUNITIES

- Make prevention systems representative of all groups within the community.
- Develop prevention strategies and approaches that are sensitive to the diverse cultural groups.
- Create prevention planning and implementation that is *with,* not *for,* all groups.

### ACTIVITY

When initiating a communitywide prevention system, it is imperative that the system reflects the diversity within the community. Such diversity is not restricted to ethnicity but should also include individuals of different religious affiliations and lifestyles, those with disabilities as well as youth and elderly. In order to increase the meaningful involvement of all segments of the community, the following suggestions are offered:

- Make sure that all groups within the community are meaningfully involved in the initiation of the prevention effort.
- Engage all community groups in defining the problem as well as strategies for responding to the problem.
- Make sure that the cultural values, beliefs, and practices of the diverse groups are reflected in the design of prevention activities.
- Take time to acquaint self with other social issues of major concern to the subgroups in the community (e.g., crime or the HIV/AIDS epidemic) and lend meaningful support to those efforts. Explore ways of integrating such issues in the design of the prevention system.

### RESULTS

- A sense of shared vision and ownership.
- Broad-based representation and participation by the varied groups within the community.
- Richness of ideas, perspectives, and approaches.

### NOTES

# GRANTWRITING

## RECOMMENDATIONS FROM COMMUNITIES

- Identify potential funds and how to access Federal, State, local, and private funding sources.
- Do not be afraid to ask, even though you may hear "No."
- Link the needs assessment, program plan, and funding plan.

## ACTIVITY

Grantwriting is an important aspect in developing and maintaining a community prevention system. It is the most commonly used means of generating funds. This highly technical process requires careful attention to details and planning. While each request for application (RFA) has different specifications, there are certain requirements that are somewhat standard. In order for an organization to enhance its readiness in responding to RFAs, the following preproposal development suggestions are offered.

- Develop a clear and concise statement of organizational capability that includes mission, scope, specialization, fiscal structure and accountability, staff qualifications, and major strengths.
- Maintain a current resume on any staff.
- Maintain copies of all organizational events, programs, etc.
- Compile demographic information that describes the community, including ethnicity, socioeconomic status, unemployment rate, educational level, and data on social problems associated with alcohol and other drug abuse (teen pregnancy, HIV/AIDS, school dropouts, youth gangs, child abuse, etc.).

## RESULTS

- Ability to respond to grant announcements quickly.
- A prepackaged statement articulating organizational capability.

## NOTES

## COLLECTING DATA

### RECOMMENDATIONS FROM COMMUNITIES

- Develop a process for acquiring adequate resources, including colleges and universities.
- Consider the appropriateness of in-house versus external resources for purposes of assessment and evaluation.

### ACTIVITY

College students at the undergraduate and graduate levels who are taking courses such as research methods and special projects are potential resources for assisting groups in collecting, organizing, and analyzing information:

- Determine what academic departments offer research or evaluation courses that might benefit your effort.
- Confer with the course professor regarding the feasibility of students providing assistance in conducting a needs assessment as part of the course.
- If an affirmative response is received, volunteer to provide the class with several training and orientation sessions on the community prevention system.
- At the conclusion of the assessment, plan a celebration as an expression of gratitude to the students.

### RESULTS

- A resource for assisting with a very technical and time-consuming task.
- Expansion of the community prevention system to include college faculty and students.

### NOTES

# INCREASING YOUR NUMBERS

## RECOMMENDATIONS FROM COMMUNITIES

- Include all groups in the initial steps.
- Build teamwork between the coalition and the community.
- Plan.

## ACTIVITY

All community teams experience turnover in membership; veteran members leave, and new members join the coalition. New members need to be integrated into the community task force to ensure the continuation of the mission and its goals and objectives.

Create an information packet that will orientate new members to the overall purpose of the coalition, its organizational structure, and its processes and procedures. The orientation packet should answer questions that prospective members have concerning the coalition's philosophy, mission, history, goals and objectives, and expectations of members.

## VARIATIONS

- Assign a veteran committee member to meet with prospective members, provide an orientation, and answer questions.
- If you have various subcommittees, ask one person from each committee to spend time with new members and review the committee's purpose and responsibilities.
- Hold an orientation meeting in conjunction with other events and other organizations, such as a school-based event.
- Create a simple videotape or photo exhibit to illustrate the various functions of the committees. People respond more to visual images than to words alone.

## RESULTS

- Prospective members will make an informed decision.
- New members will become more quickly involved with the coalition.
- New members will be able to use their areas of expertise more quickly and efficiently.

NOTES

## WORKING WITH THE MEDIA

### RECOMMENDATIONS FROM COMMUNITIES

- Keep the public informed.
- Have regular communication.
- Maintain continuous recruitment of new groups and individuals.

### ACTIVITY

Invite representatives from various media sources (newspaper, radio, and television) and host a workshop on working with the media. Ask media representatives to address a variety of pertinent topics such as preparing press releases, selecting stories of interest, preparing articles, and writing letters to the editor. This gives you the opportunity to hear from the experts how to work with them and also promotes a good relationship with the media. Ask the questions: How do we get our stories in the print and broadcast media? Which strategies work best?

### VARIATIONS

- Designate one coalition member to meet with media representatives individually to discuss working together.
- Invite media representatives to an open house and events.
- Provide fact sheets about the coalition, its purpose, and current and future efforts.
- Invite an outside media expert to work with you on accessing the media and social marketing.
- Designate at least two coalition members to meet with the media to prevent a one-sided presentation.

### RESULTS

- Improved relationship and access to the media.
- Increased effectiveness in using the media to create awareness.
- Opportunity to work with the media on pro-health messages.

### NOTES

# FAMILY FUN

## RECOMMENDATIONS FROM COMMUNITIES

- Target risk and resiliency factors that can be changed.
- Involve parents in programs for children and adolescents.

## ACTIVITY

Encourage families to do things together by making family activities affordable and accessible to all people. Work with your local community businesses to support family involvement in prevention by providing "coupons" for family-focused activities. This may include reduced admission for families to movies, restaurants, museums, and other entertainment. In planning this activity, be sensitive to the fact that families come in all shapes and sizes.

## VARIATIONS

- Sponsor new games for families.
- Sponsor health fairs for families.
- Sponsor videotape or movie evenings for families.
- Sponsor swimming parties or picnics for families.

## RESULTS

- Opportunity to recruit new members.
- Fun for all ages.
- Opportunity to include significant adults.
- Opportunity to start family support movements.
- Opportunity to promote parent-child bonding.

## NOTES

## TRAINING AND RESOURCE CALENDAR

### RECOMMENDATIONS FROM COMMUNITIES

- Provide basic education on alcohol and other drug abuse prevention for the general community.
- Provide prevention education for specific community groups or segments.

### ACTIVITY

Identify the needs for training and outside consultation (technical assistance) as part of your overall needs assessment. Contact all the community resources that offer information and skill-building on alcohol and other drug abuse prevention and related problems. Publish the training calendar and a speaker list with speakers' areas of expertise biannually or annually. Be sure to evaluate the usefulness of all training and technical assistance efforts.

### VARIATIONS

- Publish training dates, speakers, and topics in different newsletters.
- Work with the local media to publish training events on a monthly or weekly basis.
- Arrange exchanges of trainers and consultants with neighboring communities to build a network of resources.
- Add announcements on training opportunities to existing information lines or establish an information line.
- Work with local businesses to publicize training opportunities through posters, announcements, paycheck inserts, etc.
- Expand the training calendar to include events at State, regional, and national levels.

### RESULTS

- Shared resources, which avoids duplication.
- Increased networking among different groups.
- More training opportunities.
- Information sharing with other communities.

NOTES

## IDENTIFYING COMMUNITY NORMS

### RECOMMENDATIONS FROM COMMUNITIES

- Assess your community before you begin prevention efforts.
- Review relevant research and develop a conceptual framework.

### ACTIVITY

As part of your community assessment, examine your community's norms regarding alcohol and other drugs:

- What are the different attitudes and values that people have about alcohol and other drugs?
- Do different community groups vary in their norms?
- What evidence or behaviors exist as evidence for these norms?
- Are there overriding norms that apply to the whole community or target group?
- Which norms contribute to alcohol and other drug problems and which norms support healthy behaviors?
- Which norms are easiest to change?

Develop an action plan based on the discussion of these questions.

### VARIATIONS

- Ask for a group of volunteers from the target group to brainstorm, discuss, and list their community norms.
- Develop or locate questionnaires that identify values and norms and survey different community groups.

### RESULTS

- Stimulates people to think about their own values and norms.
- Community coalition will get a better understanding of community norms.
- Identifies attitudes that need to be changed.
- Provides a good foundation for an action plan.

# NOTES

## ANNUAL YOUTH DAY

### RECOMMENDATIONS FROM COMMUNITIES

- Promote youth involvement and leadership.
- Celebrate successes and plan a major annual event.
- Generate community awareness and support from local businesses and organizations.

### ACTIVITY

Once a year, in late spring or early fall, organize a communitywide event focused on youth. This can be a school- or church-based event with support from other agencies and community groups. The idea is to have a fun day filled with youth-planned, youth-organized activities (indoor or outdoor) that will receive both sanction and full support from adults. All activities can be coordinated by a blue-ribbon youth committee consisting of youth leaders from schools and various community youth groups. All segments of the adult community should be invited to participate and sponsor this event, but they should act as friends and supporters only. The activities can be competitive and may require extensive preparations. The idea is to emphasize the process of participating not just winning. This activity should be part of ongoing youth activities.

### VARIATIONS

- Print a program, listing all donors, sponsoring groups, and organizations.
- Include adult entertainers, VIPs, and other community celebrities to attract media attention and participation by adults.
- Have an award ceremony to recognize outstanding youth in the community and outstanding friends of youth and role models.
- Charge a fee to adults for some or all of the activities.
- Plan the day where the adults and youth participate together, rather than have the adults there as friends and supporters only.

### RESULTS

- Fun for all.
- Involvement and recognition of individuals and groups, especially youth leaders.
- A youth-initiated and adult-supported event, involving many sectors in the community.
- Begins process of youth empowerment by engaging youth in community projects.

NOTES

## YOUTH LEADERSHIP INSTITUTE

### RECOMMENDATIONS FROM COMMUNITIES

- Promote youth involvement and leadership.
- Use both formal and informal leadership.
- Create awareness campaigns to initiate ownership and secure support.
- Encourage participation through peer pressure and the group's power and momentum.

### ACTIVITY

Organize a core group or consortium of adult and youth initiators from the local schools, churches, community-based organizations, and elected officials to develop a youth leadership institute. The purpose of this institute is to bring youth leaders together and provide them with opportunities to network and learn from each other. Young people who are recommended or sponsored by schools, churches, and community groups will be screened for admission by a preselected panel of individuals from the initiating core of community leaders and experts based on criteria to be determined. Once formed, this group of youth will get together for institute orientation and on a regular basis (such as every other Saturday) meet for skills workshops, social activities, and group projects.

This is to be a longitudinal approach to youth leadership development, not a one-time event. The goals of this institute are to develop peer leaders, to develop a strong, ongoing support network for youth leaders, and to use them (as role models and peer counselors) in areas that they feel best suited for. Institute resources can be obtained from contributions by consortium members and from fundraising. Be sure that the selection of young leaders is inclusionary; leaders come in many forms. Be open to including all groups.

### VARIATIONS

- Plan annual summer camp activities that build and foster strong team spirit.
- Invite guest speakers to talk to youths during their regularly scheduled functions and group projects.
- Have leaders in the community act as mentors for these potential leaders.
- Encourage participants to form youth clubs in their own schools and churches.

### RESULTS

- Inclusion of all groups, joint planning of activities, and sharing of resources on an ongoing basis.
- Youth becomes a key resource.

- Youth empowerment.
- Networking and involvement of the school system.
- Crisis prevention.

## NOTES

## ADOPT-A-CLASS CAMPAIGN

### RECOMMENDATIONS FROM COMMUNITIES

- Continue to recruit and involve new groups, individuals, and volunteers.
- Establish a resource committee to investigate in-kind services, training, and technical assistance.
- Create awareness campaigns to initiate local ownership-building strategies to help secure additional support.

### ACTIVITY

Start an ongoing adopt-a-class project to team various professionals such as lawyers, doctors, business men and women, social workers, government workers, and retired people with classes of students in local junior high schools and high schools. Get the various government agencies involved by inviting the mayor or members of city council to take the lead in adopting a class. Get major local businesses involved. Large law firms and corporations, especially utility companies, often allow their employees to perform pro bono work for nonprofit organizations and schools. After collaborating with schools, the volunteers should spend a minimum of one afternoon or one morning per month with each adopted class during the regular school year. Activities with the adopted class are to be jointly developed by the volunteer and his or her class and centered around a predetermined theme on prevention. Activities can include field trips, lectures, workshops with special guests, or discussion groups. Employers should be encouraged to provide additional donations and services for supporting other related activities.

### VARIATIONS

- Develop a one-to-one mentor program with students.
- Conduct a public award ceremony to recognize individuals and their employers.
- Publish a newsletter to provide an update on activities and to report on the human interest side of the campaign.
- Work with the teachers and counselors of local schools to develop other training and educational opportunities.

### RESULTS

- Networking between schools and community groups.
- Recruitment and involvement of volunteers.
- Positive role models and additional community resources for young people.
- Meaningful experience for volunteers and students.

NOTES

## PREVENTION CALENDAR

### RECOMMENDATIONS FROM COMMUNITIES

- Publish a resource manual to help identify gaps in services.
- Develop mechanism for networking, collaborating, and sharing resources.
- Acknowledge participation of key individuals, organizations, and resources.
- Keep the public informed of activities and successes.

### ACTIVITY

A network of interested parties (an editorial board) should meet, plan, and publish a regular monthly or bimonthly calendar of community events. Compile activity schedules of different community groups such as school band practices, PTA meetings, church picnics, Sunday schools, car washes, flea markets, garage sales, Alcoholics Anonymous meetings, etc. Ask local businesses to become sponsors of this activity calendar. Print sponsors' names on the back of the calendar to acknowledge contributions. Circulate free copies through schools, public libraries, churches, supermarkets, and sponsoring organizations.

### VARIATIONS

- Solicit paid subscriptions to homes and institutions and compile mailing lists of sustainers and donors.
- Seek foundation grants to finance initial kickoff of the project.
- Use a sliding scale fee for organizations and institutional advertisements.
- Provide incentives such as giving sponsoring organizations one free listing per calendar per month.
- Create local area or neighborhood calendars for large communities.

### RESULTS

- An emerging community clearinghouse for prevention activities.
- Increase public awareness and credibility of efforts by the breadth and scope of sponsors and events.
- New recruits and involvement of new volunteers.
- Better planning for community groups and avoidance of conflicting schedules, competition for participants, and organizational frictions.
- Increase in funds.

NOTES

## ESSAY CONTEST

### RECOMMENDATIONS FROM COMMUNITIES

- Celebrate successes and plan a major annual event.
- Generate community awareness.
- Engage youth in some process to identify a clear message regarding use, nonuse, and abuse of alcohol and other drugs.
- Involve all groups in the planning process.

### ACTIVITY

Have an annual essay contest for school children on the theme of use, nonuse, and abuse of alcohol and other drugs. This may be divided into different levels based on age or grade. A blue-ribbon panel of judges should be formed consisting of teachers, parents, academics, known VIPs in the field representing a wide spectrum from the community, celebrities, elected officials, agency heads, and college-level leaders. Solicit donations to underwrite costs and approach local businesses and institutions for sponsorship, in-kind services, and prizes for winners. Involve all levels in the school system: district superintendents, principals, counselors, teachers, and the students themselves. Make the contest last for several weeks (long enough to build momentum, short enough to avoid loss of enthusiasm). Culminate the contest with a community award presentation and acknowledge sponsors.

### VARIATIONS

- Rather than a contest, the event could be a "call for essays, drawings, etc.," and all will be placed in a newspaper supplement, eliminating the competition aspect.
- Have a drawing contest on a drug-free society.
- Create an interschool contest by having the school districts sponsor it jointly.
- Have a reception hosted by a known VIP or local institution where people can meet and chat with the winners.
- Arrange to have the winning essays printed in the local newspaper.
- Print an awards program with a foreword by a well-known community leader and a list of winners and contributors.
- Broaden the activity to include other means of participation such as posters and rap songs.

## RESULTS

- Involvement and recognition of many individuals and groups.
- Positive publicity.
- Media involvement.
- An annual event and tradition that youth in schools will look forward to.
- Youth involvement (through thinking through and relating to the issues).

## NOTES

## STREET FESTIVAL

### RECOMMENDATIONS FROM COMMUNITIES

- Celebrate success and plan a major annual event.
- Acknowledge participation of key individuals and resources.
- Build an ongoing reward system characterized by fun, recognition, and personal satisfaction.

### ACTIVITY

Once a year, conduct an annual street fair or festival on the weekend with lots of outdoor activities. A planning committee should be created to coordinate activities and set policies. Daytime activities of games, ethnic food, and street entertainment can be followed by an evening ball—a formal ceremony where the annual report will be given and notables acknowledged and thanked. This could be an annual event to celebrate success and to honor key individuals and institutions in the community that have made important contributions to the prevention effort during the year. Although initiated by the prevention community, the event should be planned by as broad a cross section of the community as possible.

### VARIATIONS

- Get proclamations from the mayor, city council, or State legislature for the event and honorable citations for individuals, groups, or institutions.
- Print the annual report and names of honorees, awardees, and sponsors of the program.
- Include door prizes and a raffle to make this event more festive and to raise money.
- Enlist sponsors to defray part of the costs of mailing, printing, and ordering plaques.
- Charge vendors and nonmembers a small registration fee for setting up a table or stall.

### RESULTS

- Socializing and having fun.
- Involvement and recognition of many individuals and groups.
- Building bridges for future involvement, networking, and collaboration.
- Media publicity.

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## NOTES

## GETTING PARENTS INVOLVED

### RECOMMENDATIONS FROM COMMUNITIES

- Include all groups in initial steps.
- Build the coalition.
- Assess the community.
- Generate community awareness.

### ACTIVITY

Sponsor several workshops for parents throughout the year so that the drug and alcohol issues become personalized for parents. Parents often feel that their children are immune to the drug and alcohol problem because they come from a prosperous and financially stable community or from a small rural community where drug and alcohol problems do not affect them.

Through these workshops, parents can be made aware of how the alcohol and other drug problems affect their children and the role that parents can play in the prevention of alcohol and other drug abuse by their children and others in their community. Parents can also be made aware of the importance of their own role modeling, since children do as "parents do" and not as "parents say." Also, parents should have an opportunity to examine their own alcohol and other drug consumption behavior.

### VARIATIONS

- Conduct workshops on child development.
- Conduct workshops on issues such as discipline, communication, and sexuality.

### RESULTS

- Parents who are aware of the alcohol and other drug problems.
- Active parents in community prevention.
- Parents who are prepared to raise children in a healthy home environment.

### NOTES

# INVOLVING HIGHER EDUCATION

## RECOMMENDATIONS FROM COMMUNITIES

- Develop a cadre of well-trained key individuals to use as resources.
- Do not restrict thinking and dreams. Examine all resource possibilities. Be creative.
- Recognize that human resources are essential for the survival of a community prevention system and may be more important than money.
- Develop an ongoing strategic funding plan with appropriately trained staff.

## ACTIVITY

Hold an open house where institutions of higher education in the community can show what they are doing in alcohol and other drug prevention. An abundance of resources for the prevention effort are located at these institutions. One resource that they can offer is physical space for many community meetings. Many self-help groups such as Alcoholics Anonymous, Al-Anon, Al-Teen, and Narcotics Anonymous and Recovery hold their weekly meetings in space provided by the institution. Also, they can provide students at no cost to implement a needs assessment for the community, perform community research, and even provide counseling services. Many students at all levels have to do practicums or internships that can be done in community agencies or programs. Institutions can provide access to resources such as computers, libraries, and athletic facilities, and faculty can provide their areas of expertise as a resource. A good place to start might be the school of social work, public health, or public administration.

Institutions of higher education have a responsibility to serve the communities in which they are located. Many of them are committed to this, and communities should take advantage of this. Those that are not involved can be made aware of their role in alcohol and other drug prevention and how they can help. Remember to include the community colleges and junior colleges in your area.

## VARIATIONS

- Involve local public and private schools.
- Involve religious organizations.
- Involve civic and business organizations.

## RESULTS

- Variety of resources.
- Abundance of resources.
- A total community effort in prevention.

## NOTES

# INCLUDING SPECIAL POPULATIONS IN YOUR PREVENTION ACTIVITIES

## RECOMMENDATIONS FROM COMMUNITIES

- Include all groups in initial steps.
- Build the coalition.
- Assess the community.
- Generate community awareness.
- Use multiple strategies to reach all segments of the community.
- Be sensitive to cultural, ethnic, economic, and educational diversity.

## ACTIVITY

Many people with disabilities try to cope with their challenges through alcohol and other drugs. The incidence of alcohol abuse is also rising among the elderly as many are unable to make the adjustments necessary after retirement, and thus a sense of worthlessness sets in.

Prevention efforts, therefore, need to pay special attention to the needs of special populations in the development of a communitywide prevention effort. For example, when meetings or conferences are held, special arrangements should be made to facilitate the involvement of visually- or hearing-impaired. An example of how this can be done is by providing sign language translators for the hearing-impaired.

The elderly should not be forgotten in the community prevention effort; they are a valuable resource. They have experience and time to be quite effective in drug and alcohol prevention activities. Too often these populations are forgotten, but this cannot happen if a communitywide prevention effort is to be inclusive. One way to get people involved is to say the words, "I need you."

## VARIATIONS

- Hold a special drug-free Olympics for people with disabilities.
- Hold workshops for the elderly on how they can be a valuable resource in alcohol and other drug prevention.
- Recruit and involve youth, people who have disabilities, older adults, and other special populations in the community coalition.

## RESULTS

- A total community effort in prevention.
- Additional human resources.

NOTES

## FACILITATING PLEDGES FROM MEMBERS

### RECOMMENDATIONS FROM COMMUNITIES

- Do awareness and local "ownership" building to help secure support.
- Do not restrict thinking and dreams. Examine all resource possibilities.
- Do not be afraid to ask, but hear "No" (role play requests).
- Know what you are asking for: well-established goals, plans, budgets, and time lines. Identify resources. Network. Do your homework.
- Identify how business and industry are involved and encourage them to be part of the community effort.

### ACTIVITY

An integral part of your grassroots fundraising plan is to ask for a pledge of $.25 per week from every member. This adds up to $13.00 per year and can quickly become a substantial amount because most people will commit more than $.25 per week. Ask local businesses, industries, law enforcement personnel, elders, churches, VISTA workers, health organizations, parents, Lions clubs, Elks clubs, grandparents, teenagers, your hairdresser, the shoe repair person, and your cleaners. Canvass everyone.

### VARIATIONS

- When someone has made a pledge, give them a pin, button, or ribbon to wear to show that they have made this pledge. The fundraising committee can decide what to put on the pin, button, or ribbon.
- Use pledge cards with a person's name, address, and amount of pledge on it.
- Gear up for pledge taking at the same time every year; make it an annual fundraising phase. People will know it is time to give when that time of year rolls around again.
- Have pledges for time and resources other than money.

### RESULTS

- Community-owned fundraising technique that everyone feels part of.
- Involvement of many individuals.
- Potential recruitment of new people.
- Funding drive becomes a community tradition.
- Increase in monetary funds to implement other community plans.

## NOTES

# DEVELOP A FETAL ALCOHOL SYNDROME PREVENTION KIT

## RECOMMENDATIONS FROM COMMUNITIES

- Plan a conceptual framework of current knowledge in the prevention field.
- Create a steering committee, but do not replace community involvement.
- Develop a mission statement and objectives based on a shared vision or philosophy and long- and short-term goals.
- Place community emphasis on nonuse and abuse.
- Ensure that everything is culturally and ethnically sensitive.

## ACTIVITY

Create a steering committee of maternal and child health, family planning, special education, and perinatal program people and selected community women. The task for this committee is to develop a community educational kit to prevent the birth defect called fetal alcohol syndrome (FAS). Allow the committee to generate a shared vision, mission statement, time lines, and contents of the kit.

## VARIATIONS

- Develop different cultural or ethnic themes to the contents of the kit depending on the diversity in your targeted community (e.g., for Native Americans use tribal and geographically appropriate themes, photos, drawings, or midwifery practices).
- Sell the kit at a price that is just above the printing cost so that it becomes a self-sufficient project. Sales can be made to other interested communities.
- Kit contents can be items such as maternity T-shirts with a printed message, posters, pamphlets, nonalcoholic drink books, book markers, community guides, parenting guides, stickers, portable pictures, scripts for community presentations, slides, videotapes, etc. Allow the creativity of the steering committee to be the guiding force on the development of the kit contents.
- Make a how-to kit for assorted community workers (volunteers and paid staff) such as outreach workers, social workers, grandparents, nurses, board of directors, etc.

## RESULTS

- Increased awareness about the dangers of drinking during pregnancy.
- Community promotion of Healthy Mothers, Healthy Babies.

- An opportunity for potential mothers and pregnant women to make an informed choice.
- Community support for pregnant women who choose not to drink alcohol or use drugs during their pregnancy.
- A reinforced community message that nurtures women and the unborn.

## NOTES

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## A WOMEN'S NEWSLETTER

### RECOMMENDATIONS FROM COMMUNITIES

- Identify your target population and how to reach them. Examine the types of media and benefits of using that particular media for reaching the target population.
- Keep the public informed through marketing results and successes, avoiding overexaggeration.
- Develop a marketing plan that includes a media checklist of how to promote, prepare, and execute your program.
- Have a media coordinator or media committee.
- Develop an understanding and a relationship with the media.

### ACTIVITY

Nine months prior to publishing the first newsletter, select a newsletter committee to discuss format and shared vision, write a mission statement, design time lines, prioritize topics, and suggest authors for the newsletter. Start with 4 issues per year and start small (8 to 10 pages). Consider time spent on early issues as training time. Conduct an ongoing survey among community women to assess their concerns, suggestions, and feedback.

### VARIATIONS

- Include topics like positive parenting, addictive relationships, and staying physically, emotionally, mentally, and spiritually healthy.
- Add special interest sections such as nutrition, jokes, personal stories, horoscopes, dream analyses, herbal medicine, and community resources.
- Publish an edition for teenagers that young women plan and format.
- Develop a newsletter for any population targeted by the coalition.

### RESULTS

- Community awareness among women, who are often caretakers of families.
- Health promotion for families with informed mothers, daughters, sisters, and aunts.
- Information for a woman to read and think about before she makes life decisions and choices.

- Entertainment.
- Fun.

**NOTES**

## A CONFERENCE FOR MEN

### RECOMMENDATIONS FROM COMMUNITIES

- Celebrate successes and plan a major annual event.
- Acknowledge participation of key individuals and resources.
- Design prevention activities that are intrinsically gratifying in meeting social needs.
- Provide sources of satisfaction and minimize sources of dissatisfaction to develop a sense of belonging for all involved.
- Ensure that everything is culturally and ethnically sensitive, including leaders and staff.
- Provide opportunities for all community segments to participate by exchanging ideas and setting priorities.

### ACTIVITY

Celebrate and acknowledge a sometimes forgotten segment of the community, our fathers, brothers, and sons. At least once a year, before the conference, elect and appoint a conference committee of men to brainstorm their shared vision about the conference. Write a mission statement and objectives for the conference. Select a theme. Plan a time line with ongoing committee meetings. Have the committee identify conference topics, keynote, and workshop presenters and trainers.

### VARIATIONS

- Because one out of four American Indian men is a veteran, focus a conference on this particular population. Investigate appropriate topics like redefining the contemporary American Indian's role, relationship clarification, sobriety, career and family obligations, health promotion, and his role in prevention of alcohol and other drug abuse.
- Initiate youth and elder interaction for positive role modeling.
- Acknowledge and recognize different respected men in the community (Father of the Year, Brother of the Year, etc.)
- Celebrate a new group each year, for example, Elder's Day, Women's Day, and Youth Day.

### RESULTS

- A sharing, celebration, and appreciation of the men in our community.
- An opportunity for cultural ceremonies and rituals to be observed, adhered to, and taught to the young.

- An atmosphere for socialization and learning and practicing mores.
- A reinforced community message that nurtures men.
- An ongoing tradition and focus for community pride.

## NOTES

## RUN WITH IT

### RECOMMENDATION FROM COMMUNITIES

- Generate community awareness.

### ACTIVITY

Plan and conduct a running event. This is an idea that is simple but requires a significant amount of planning. The payback in community awareness can be substantial. Here are a few ideas (most of them learned the hard way):

- Start planning a minimum of 9 months before the event, but a year is better, because it allows you to have your event listed on annual running and fitness calendars.

- Practice inclusion. Make sure local runners or, if possible, running club officers are part of your planning process. It is an excellent opportunity to bring new people on board. Because streets may need to be blocked off for the race, it is also critical that local law enforcement staff be involved in the planning.

- Carefully choose the distance for your event. The longer the race, the more help you will need with water stations during the run, traffic control, etc. Races that seem to draw the greatest participation are 5 kilometers (3.1 miles), 4 miles, 5 miles, and 10 kilometers (6.2 miles). Consider a ½-mile or 1-mile "fun run" aimed especially toward adolescents and children.

- Make sure you have experienced race workers (the local running club is a good source) at the finish line. Crowd behavior and timing can be a disaster without experienced help in the finish "chutes."

- Use your brochure for the race to promote other aspects of your coalition. A race is a positive opportunity to tell people what you are *promoting* in addition to what you are preventing.

- Encourage everyone who enters your event and pays a registration fee (usually $5.00 to $10.00) to get a shirt. People love them. Local businesses will often pay for the screen printing in exchange for the appearance of their name or logo on the back of the shirt. Make sure that the mission and philosophy of any sponsor are consistent with those of the coalition.

It is a mistake to think a race will raise money; it costs money. If well planned and publicized, however, a race can be a wonderful way to convey your mission to the community.

## VARIATIONS

- Hold a walkathon.
- Hold a jogathon.

## RESULTS

- Fun!
- Positive publicity.
- Media involvement.
- Potential recruitment of new members.
- Example of community collaboration.
- Role model of a family-oriented, healthy activity.

## NOTES

## AN ELDERS GATHERING

### RECOMMENDATIONS FROM COMMUNITIES

- Create a steering committee that does not replace community involvement.
- Provide sources of satisfaction and minimize sources of dissatisfaction to develop a sense of belonging for all involved.
- Design prevention activities that are intrinsically gratifying in meeting social needs.
- Ensure that everything is culturally and ethnically sensitive.
- Place community emphasis on nonuse and abuse.
- Give people time to rest (allow for slow down).

### ACTIVITY

In the summer months, have the core group or elder gathering committee select a rural location (i.e., in the mountains or by a lake). Start to plan a year before the gathering. Listen to all community ideas about this event. Formulate a goal with objectives. Establish time lines. Consider family camping and ceremonies appropriate for the community. Discuss the invitation process.

### VARIATIONS

- For American Indian populations, plan rituals appropriate for tribes living in the community (sweatlodge ceremony, talking circle, roundhouse ceremony, etc.).
- Make it an annual Youth and Elders Gathering. Design joint activities to benefit the young and not-so-young community members.
- For American Indian populations, identify families that are respecting an annual memorial of the death of a loved one, a coming-out dance of a child, or other significant anniversaries and acknowledgment dates.
- Honor elders in open ceremony with a song, a blanket, or prayer.
- Have community meals together.
- Acknowledge years of recovery from alcoholism or other drug addiction, years as an adult child of an alcoholic, or any codependency.
- Encourage story telling, support groups, group hiking, basket making, flute making, and other activities selected by the core planning committee.
- Make sure planned activities are culturally and ethnically sensitive and specific.

## RESULTS

- Families socialize, eat, learn, and laugh together.
- Everyone experiences sober fun.
- Respect for tradition and elders is gained.
- An opportunity arises for cultural ceremonies to be observed and taught to the young.
- People can share, celebrate, and appreciate their elders.
- An atmosphere for socialization and learning and practicing mores is created.
- An ongoing tradition and focus for community pride can be established.

## NOTES

# WEEKLY COMMUNITY RADIO SHOW

## RECOMMENDATIONS FROM COMMUNITIES

- Identify your target population and how to reach them. Examine the types of media and their benefits for that target population.
- Develop an understanding and a relationship with the media.
- Develop a marketing plan that includes a media checklist on how to promote, prepare, and execute your program.
- Have a media coordinator or media committee.
- Keep the public informed through marketing results and successes, avoiding overexaggeration.

## ACTIVITY

Check your local radio stations and inquire about the Federal Communications Commission regulations that require them to provide radio time to cultural, minority, and community organizations. Ask for a weekly time spot when most of your families are listening. Have your media committee brainstorm a title or theme for the time slot. Share and rotate the coordinator's responsibilities for the show. Identify community issues of health or cultural promotion, provide a prevention update, discuss the pros and cons of a hot community concern, and invite community leaders and spokespersons to be guests on the show.

## VARIATIONS

- For the American Indian communities, consider using the theme "Living on Indian Time." During the last few minutes of the program, announce upcoming events, gatherings, pow-wows, and birthdays.
- Have a youth segment that is designed by youth in the community.
- Have panels of community members on each issue for variety and access to different viewpoints.
- Play music that is indigenous to your community (i.e., northern style and southern style pow-wow music for the American Indian communities).
- For American Indian communities, dedicate each show to historical notes about one tribe or region. Highlight the positive contributions (e.g., herbal home remedies).

## RESULTS

- Community awareness and ownership of this media strategy.
- Family dependence on the show to stay "in the know."

- An ongoing activity and focus for community pride.
- Increased numbers of community members reached.
- Involvement and recognition of community members and unique groups.
- High potential for positive publicity and cultural pride.

## NOTES

# CELEBRATING DIVERSITY

## RECOMMENDATIONS FROM COMMUNITIES

- Spend time on:
  - Group norm setting.
  - Trust building.
  - Identification of methods of decisionmaking and conflict resolution.
  - Clear definition of roles and responsibilities.
- Remain sensitive to cultural, ethnic, economic, and educational diversity.
- Put aside turf issues for the overall well-being of the organization.

## ACTIVITY

Throughout the year, different groups in the community can hold ethnic festival days (e.g., a Puerto Rican Day, a Chinese American Day, an Italian Day, and a Jewish Day). On this day, the particular ethnic group sponsoring the event invites the other community groups into their neighborhood. Streets can be turned into a carnival where objects or customs typical of the ethnic group are displayed. Typical ethnic food should also be available.

Communities are composed of different ethnic populations with different languages, cultures, and geographical boundaries. Groups tend to stay within themselves, which hinders the development of a comprehensive community prevention system. By holding an annual ethnic or cultural sharing day, different groups can display typical features of their culture. This can be done at tables exhibiting clothing and objects. Miniconferences can also be held to discuss and describe different cultures. The activity can include friendly competitions in sports and other areas. The program can conclude with a dinner in which different ethnic groups share food typical of their cultures.

## VARIATIONS

- Invite special populations such as the elderly to sponsor their own celebrations.
- Invite organizations within the community to sponsor their own days.
- Offer miniconferences throughout the year on different cultures.
- Plan outings or social activities throughout the year that will bring together different ethnic groups.
- Expand the day into a week or month.
- Invite performing artists and other cultural groups to participate in cross-cultural sharing.

## RESULTS

- Coalition building.
- Networking between different groups.
- Sharing of resources.
- Collaboration and partnerships.
- Cultural competence.
- Groups who feel respected.
- Openness of different ethnic groups to people who are not from their ethnic backgrounds.

## NOTES

## COMMUNITY FUNDRAISING WALKATHON

### RECOMMENDATIONS FROM COMMUNITIES

- Encourage the consolidation of shared resources to maximize them and decrease duplication of effort.
- Develop mechanisms for maintaining positive working relationships, team building, and networking.
- Develop a sense of trust and credibility through regular communication and team-building activities.
- Use peer pressure and the power and momentum of groups to encourage participation.

### ACTIVITY

On a Saturday before summer or in early fall every year, have a communitywide fundraising walkathon to raise public awareness and money for the sponsoring groups. Seed monies from each sponsoring group are put into the general pot. Corporate sponsors should be solicited for the event, and their donations will also go to the general pot. These proceeds, minus all actual expenses, will be shared equally among all groups. To provide incentives, proceeds from the walkathon's pledges will be distributed according to the designation of each walker. Walkers can designate their choice on their pledge forms to be returned. Each group is expected to reach out to its own constituents to ensure the maximum turnout. An organizing committee should be formed to work on the actual theme, the logistics, and the division of labor. Starting as a small sponsoring group, the committee will grow as years go by, and the walkathon will become a community tradition.

### VARIATIONS

- Make and sell homemade silk-screened T-shirts with an official logo.
- Add well-known entertainers or speakers to the initial ceremony.
- Give out helium balloons displaying a printed logo with prevention theme.
- Get VIPs, including elected officials, to lead the walk (to get media coverage).
- Ask sponsors to donate memorabilia for walkers.

### RESULTS

- Lots of fun.
- Positive publicity and media coverage of theme and participating groups.

- Positive experience in collaboration and nurture for all.

- $$$$$$.

## NOTES

## RECOMMENDATIONS FROM COMMUNITIES

- Maintain commitment to the coalition through shared activities and good communication.
- Hold regular coalition meetings.

## ACTIVITY

When you plan a shared activity, make sure that communication about assigned responsibilities is clear. At the beginning of each planned program effort involving more than one person, use the following activities:

- List all detailed tasks necessary for completion of the effort.
- Identify the different members involved in the effort.
- For each identified task, list the one person who will have overall responsibility, as well as those who need to be kept informed, who will provide additional support, and who will have final approval or veto rights. A word of caution: be mindful of your goal so that the group does not bog down in detail.

## RESULTS

- Communication will be effective in that misunderstandings are avoided.
- Conflict over responsibilities is eliminated or reduced.
- Successful prevention efforts generate a positive image and more involvement in the community.
- Successful cooperation generates enthusiasm among coalition members, fosters trust, and extends a shared vision.

## NOTES

## RUNNING IS MY HIGH

### RECOMMENDATIONS FROM COMMUNITIES

- Design prevention activities that meet social needs.
- Identify, involve, and acknowledge participation of key individuals, resources, target audiences, and systems within all segments of the community.
- Communicate a shared vision.
- Provide sources of satisfaction and minimize sources of dissatisfaction to develop a sense of belonging for all involved.

### ACTIVITY

In the early spring each year, sponsor a community walk-and-run for fun. Two months before the event, start to circulate promotional posters with artwork provided by a community member. Advertise the options of running 5 or 10 kilometers or walking as a family. Offer brightly colored T-shirts to participants that conspicuously display graphics with a theme message like "Running Is My High."

Invite all segments, organizations, and families in your community. Offer a traditional lunch reflecting foods indigenous to the local people. Acknowledge participation of key individuals and supporters. Give ribbons, certificates, buttons, balloons, and stickers for acknowledgment and participation (especially to young family members).

### VARIATIONS

- For American Indian communities, serve traditional lunches of buffalo stew, acorn soup, smoked salmon, berry soup, and fry bread.
- Acknowledge years of recovery from addiction (alcohol, tobacco, other drugs), codependency, hypertension, obesity, being a couch potato, or being an adult child of an alcoholic.
- Include first, second, and third places for all age categories.
- Register all participants, getting name, address, age, etc. Use this information as a community mailing list for distribution of flyers, newsletters, and announcements of other community activities.

### RESULTS

- The walk-and-run becomes a community tradition, with everyone trying to get back into shape after the holiday season.
- Health promotion: people lose weight, lower blood pressure, reduce depression, etc.

- Families socialize, compete, eat, and laugh together.
- The community gets to experience sober fun.

**NOTES**

## ASKING THE RIGHT QUESTIONS

### RECOMMENDATIONS FROM COMMUNITIES

- Include assessment as an ongoing part of program planning and implementation.
- Establish clear, simple, measurable goals and objectives.

### ACTIVITY

Assessing a community prevention system entails asking the right questions. Community coalitions can better assess their efforts when they are clear about what they are seeking to accomplish.

As a part of the planning process, coalition members can begin to define the content of their assessment instrument through such questions as:

- In behavioral terms, exactly what is to be accomplished by the particular prevention activity?
- What is success? How will the community look or act when your prevention effort has achieved its goals?
- What specific attitudes and behaviors will have changed as a result of the prevention activity?
- What evidence will indicate that you are moving in the desired direction?
- Are plans working as you had anticipated? If not, what changes are needed?

### RESULTS

- A clear consensus on the coalition's operational goals and objectives.
- Clearly defined indicators of how the community will look when the goals and objectives are attained.
- A set of measures that can be used to assess the efforts of the coalition.

### NOTES

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## SHARING RESULTS OF EVALUATION

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### RECOMMENDATIONS FROM COMMUNITIES

- Make the evaluation interactive with the community from design through completion.
- Use evaluation results in a way that is culturally sensitive and easily understood by the people affected.

### ACTIVITY

The evaluation of a prevention effort should be practical and meaningful to the coalition members as well as the community which it serves. One means of reshaping perceptions of evaluation is through sharing the results with the community. This can be done in a variety of ways:

- At the conclusion of the annual evaluation, plan a celebratory event in which the results are shared.
- Plan a banquet or picnic during which the highlights of the evaluation are shared as cause for celebration.
- Use this event to acknowledge contributors, volunteers, and staff, as well as community support in general.

### RESULTS

- An increase in community awareness.
- Development of community ownership.
- Acknowledgment of key people.
- Business becomes fun.
- Community receives feedback on the coalition's accomplishments.
- Evaluation becomes a positive and meaningful activity.

### NOTES

## MEETING AGENDAS

### RECOMMENDATIONS FROM COMMUNITIES

- Hold regular coalition meetings to maintain commitment and communication.
- Hold communitywide meetings.
- Stay in touch through meetings to build a sense of teamwork.
- Develop mechanisms for maintaining positive working relationships.

### ACTIVITY

Develop a meeting agenda structure that is used regularly and includes a record of what was accomplished. For example:

MEETING AGENDA

Date, Time, and Place

| Topic | Purpose | Time Needed | Facilitator | Notes |
|---|---|---|---|---|
| | information only | | | |
| | information with discussion | | | |
| | information with discussion leading to decision | | | |

Meeting minutes should regularly note the date, time, and place and provide a brief summary of the event. The minutes should anticipate followup action (who does what, to or for whom, by when) and report decisions made, unresolved topics, and a tentative agenda for the next meeting.

### VARIATIONS

- Develop tentative agendas at the end of each meeting and revise as appropriate when the meeting actually occurs.
- Keep agenda open for any member to revise.
- Mail agenda before the meeting and post it at the meeting.

### RESULTS

- Documentation of group history.
- Clear record of what happened at meeting.
- Structure that allows for involvement and productivity.

NOTES

## COMMUNITY PLANNING CONSORTIUM

### RECOMMENDATIONS FROM COMMUNITIES

- Form a committee to facilitate community involvement.
- Provide opportunities for all community segments to exchange ideas, identify and assess needs, and set priorities.
- Include all groups in the planning process.
- Create a shared vision and common framework for action.

### ACTIVITY

Identify potential steering committee members for the consortium with the help of local funding sources. Work with city, State, and philanthropic agencies or elected officials to get in-kind services and meeting space. Core members of this committee may well be professionals and representatives from various public and private agencies involved in the human service field. The charge of this committee is to identify resources and gaps in resources, collect data on needs, serve as a clearinghouse for professional information and resources, and perform joint assessment and service planning. Publish a regular planning newsletter to make connections with the local prevention community. Periodic town hall meetings, hearings, and public issue forums are extremely effective tools for reaching out to the public and for stimulating feedback.

### VARIATIONS

- Lobby government agencies, corporations, and foundations (e.g., local United Way) to adopt or create an ongoing citizen advisory task force or coordinating body.
- Form a speakers bureau to do targeted outreach and provide community education.
- Seek public and private grants to conduct surveys and other studies on issues identified as important.

### RESULTS

- Ongoing planning and assessment.
- A mechanism to provide leadership on needs assessment and feedback, providing a basis for policy and advocacy.
- A mechanism to invite community feedback.
- Networking and collaboration.

## NOTES

# ANNUAL PLANNING RETREATS

## RECOMMENDATIONS FROM COMMUNITIES

- Encourage speaking with one voice and communicating a shared vision.
- Take time to develop a sense of trust and credibility through open communication and team-building activities.
- Have a well-established mission, goals, and plans.
- Don't restrict thinking and dreams. Examine all possibilities. Be creative.

## ACTIVITY

At least once a year, take time out from the routine and hold a planning retreat with key individuals. Involve members of as many different groups and perspectives as possible. Make sure to have competent and objective facilitators to help the planning process. Many major corporations and foundations (e.g., United Way) may be able to provide pro bono professional facilitators or may help underwrite the cost of the retreat. It would be ideal to make this an overnight retreat. Make sure to allow extra time and space for socializing and team-building activities. All process recording and recommendations are to be documented for later distribution to participants for followup and implementation. Prepare a summary of the planning document and mail it to all members.

## VARIATIONS

- Invite potential contributors and current corporate supporters to participate in this process.
- Invite new recruits who are enthusiastic and are willing to get involved.
- Have a postretreat membership meeting to report and receive feedback and to plan the implementation of specific steps.
- Have miniretreats for subcommittee planning.
- Consider planning strictly social retreats as a good way to build relationships among coalition members.

## RESULTS

- Identification, clarification, and affirmation of mission goals.
- General midterm plans for the next 3 to 5 years.
- Inclusion and involvement of new people.
- Development of trust and rejuvenation of team spirit.

## NOTES

## ENLISTING RELIGIOUS ORGANIZATIONS

### RECOMMENDATIONS FROM COMMUNITIES

- Generate community support.
- Recruit regularly.
- Assess which groups have been underrepresented.
- Develop support systems that provide ownership of the solutions and collaborative efforts of individuals, organizations, and programs.

### ACTIVITY

Plan an open house for all religious organizations in the community. Invite both clergy and lay leaders. Acknowledge the part that spirituality has played in intervention and treatment and engage them as active and important participants in community prevention. Show them that as a community you respect what they do best. Spirituality is part of human behavior and needs to be recognized as a basis for effective prevention strategies. The focus should be on the development of reciprocal relationships between the community and religious organizations.

### VARIATIONS

- Provide a sensitive and caring context for clergy to engage in healthy self-examination regarding their individual behaviors.
- Encourage religious organizations to sponsor a national awareness week, month, or Sabbath to highlight the concept of prevention.
- Identify, showcase, and coordinate model local and national prevention programs of religious organizations.

### RESULT

- Involvement of religious organizations in communitywide prevention efforts.

### NOTES

# ANNUAL REPORT TO THE COMMUNITY

## RECOMMENDATIONS FROM COMMUNITIES

- Keep the public informed of successes but avoid overexaggeration.
- Celebrate successes and plan a major annual event.
- Acknowledge participation of key individuals and resources.

## ACTIVITY

Once a year at the same time each year, sponsor a communitywide event where a report on the community prevention activities of the past year and plans for the coming year is presented to the community. This report can be modeled after a corporation report to stockholders.

The event can be a time to celebrate successes and honor individuals, agencies, community organizations, and private businesses that have contributed to the prevention effort during the year. All segments of the community that are involved in the prevention effort should be involved in the planning for the annual event.

## VARIATIONS

- Have an old-fashioned picnic with school bands, refreshments, and awards and recognition for significant volunteer contribution.
- Include a community new games festival.
- Print the annual report in the local newspaper along with names of those persons and organizations to be honored.
- Have a televised report to the community.

## RESULTS

- Fun for all ages.
- Involvement and recognition of many individuals and groups.
- Positive publicity.
- Event becomes a community tradition.
- Potential recruitment of new people.
- Media (TV, radio, newspaper) involvement.
- A realistic assessment of the past year.

## NOTES

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